

**State:** District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

**Product Name:** 2023 DC Small Group

**Project Name/Number:** /

## Filing at a Glance

Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Product Name: 2023 DC Small Group

State: District of Columbia

TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)

Sub-TOI: HOrg02G.004F Small Group Only - HMO

Filing Type: Rate

Date Submitted: 04/30/2022

SERFF Tr Num: KPMA-133222198

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num:

Effective 01/01/2023

Date Requested:

Author(s): Lynn Robinson, Nikki Bridgeforth, Stephen Chuang, Ky Le, Indira Dyal, Lashan Brown, Robert Stoddart

Reviewer(s): Dave Dillon (primary), Philip Barlow, Efren Tanhehco

Disposition Date:

Disposition Status:

Effective Date:

State Filing Description:

State: District of Columbia

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- HMO

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## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review &amp; Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Group Market Type:

Overall Rate Impact:

Filing Status Changed: 04/30/2022

State Status Changed:

Deemer Date:

Created By: Ky Le

Submitted By: Ky Le

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

This is the 2023 Small Group rate filing for on exchange plans

## Company and Contact

### Filing Contact Information

Ky Le, Senior Actuarial Analyst  
2101 East Jefferson Street  
Rockville, MD 20849ky.t.le@kp.org  
301-816-5852 [Phone]

### Filing Company Information

Kaiser Foundation Health Plan of  
the Mid-Atlantic States, Inc.  
2101 E Jefferson St.  
Rockville, MD 20852  
(301) 816-6867 ext. [Phone]CoCode: 95639  
Group Code:  
Group Name:  
FEIN Number: 52-0954463State of Domicile: Maryland  
Company Type: Health  
Maintenance Organization  
State ID Number:

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- HMO**Product Name:** 2023 DC Small Group**Project Name/Number:** /

## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

<b>SERFF Tracking #:</b>	KPMA-133222198	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
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## Correspondence Summary

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	2023 DC Small Group Rate Table	Ky Le	05/02/2022	05/02/2022

<b>SERFF Tracking #:</b>	KPMA-133222198	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
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## Amendment Letter

Submitted Date: 05/02/2022

Comments:

Adding rate tables

Changed Items:

*No Form Schedule Items Changed.*

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## Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	2023 DC Small Group Rate Table	DC-SG-PLATINUM-0-10-VISION-HMO-COST(01-23)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-RX(01-23)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-COST(01-23)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-RX(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-0-10-POS-VISION-COST(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-0-10-VISION-POS-RX(01-23)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-COST(01-23)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-RX(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-500-10-POS-VISION-COST(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-500-10-VISION-POS-RX(01-23)HIX, DC-SG-GOLD-0-20-VISION-HMO-COST(01-23)HIX, DC-SG-GOLD-0-20-VISION-HMO-RX(01-23)HIX, DC-SG-GOLD-0-20-HMOPLUS-	New		2023 DC Small Group Rate Tables - Filed 20220429.pdf,	05/02/2022 By: Ky Le

**Company Tracking #:**

**Project Name/Number:** /

**Filing Company:** *Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.*

### Rate/Rule Schedule Item Changes

VISION-COST(01-23)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-RX(01-23)HIX, DC-SG-GOLD-500-20-VISION-DHMO-COST(01-23)HIX, DC-SG-GOLD-500-20-VISION-DHMO-RX(01-23)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-COST(01-23)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-RX(01-23)HIX, DC-SG-GOLD-ADDED-CHOICE-1000-20-POS-VISION-COST(01-23)HIX, DC-SG-GOLD-ADDED-CHOICE-1000-20-VISION-POS-RX(01-23)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-COST(01-23)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-RX(01-23)HIX, DC-SG-GOLD-VIRTUAL-FORWARD-2000-DHMO-COST(01-23)HIX, DC-SG-GOLD-VIRTUAL-FORWARD-2000-DHMO-RX(01-23)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-COST(01-23)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-RX(01-23)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-GOLD-1700-0%-HSA-

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## Rate/Rule Schedule Item Changes

VISION-HDHP-RX(01-23)HIX, DC-SG-SILVER-1750-40-  
VISION-DHMO-COST(01-23)HIX, DC-SG-SILVER-1750-40-  
VISION-DHMO-RX(01-23)HIX, DC-SG-SILVER-1750-40-  
DHMOPLUS-VISION-COST(01-23)HIX, DC-SG-SILVER-1750-40-  
DHMOPLUS-VISION-RX(01-23)HIX, DC-SG-SILVER-2500-40-  
VISION-DHMO-COST(01-23)HIX, DC-SG-SILVER-2500-40-  
VISION-DHMO-RX(01-23)HIX, DC-SG-SILVER-VIRTUAL-FORWARD-3000-  
DHMO-COST(01-23)HIX, DC-SG-SILVER-VIRTUAL-FORWARD-3000-  
DHMO-RX(01-23)HIX, DC-SG-SILVER-ADDED-CHOICE-2500-40-  
POS-VISION-COST(01-23)HIX, DC-SG-SILVER-ADDED-CHOICE-2500-40-  
VISION-POS-RX(01-23)HIX, DC-SG-SILVER-2000-30-HSA-  
VISION-HDHP-COST(01-23)HIX, DC-SG-SILVER-2000-30-  
HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-SILVER-2500-30-HSA-  
VISION-HDHP-COST(01-23)HIX, DC-SG-SILVER-2500-30-  
HSA-VISION-HDHP-



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## Rate/Rule Schedule Item Changes

RX(01-23)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-COST(01-23)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-RX(01-23)HIX, DC-SG-BRONZE-ADDED-CHOICE-6500-55-POS-VISION-COST(01-23)HIX, DC-SG-BRONZE-ADDED-CHOICE-6500-55-VISION-POS-RX(01-23)HIX, DC-SG-BRONZE-6000-50-20%-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-BRONZE-6000-50-20%-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-STANDARD-PLATINUM-0-20-10%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-PLATINUM-0-20-10%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-GOLD-500-25-20%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-GOLD-500-25-20%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-SILVER-4850-40-20%-

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## Rate/Rule Schedule Item Changes

VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-SILVER-4850-40-20%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-BRONZE-7500-45-40%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-BRONZE-7500-45-40%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-BRONZE-6350-20%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-BRONZE-6350-20%-VISION-HMO-RX(01-23)HIX, DC-SG-PED-DENTAL(01-23)HIX, DC-SG-PED-DENTAL-FEE(01-23), DC-SG-PED-STD-PLAT-SILVER-GOLD-FEE(01-23)HIX, DC-SG-PED-STD-BRONZE-FEE(01-23)HIX

No URRT Items Changed.

No Supporting Documents Changed.

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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	0.000%
<b>Effective Date of Last Rate Revision:</b>	01/01/2022
<b>Filing Method of Last Filing:</b>	SERFF
<b>SERFF Tracking Number of Last Filing:</b>	KPMA-132784287

## Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	Increase	11.000%	11.000%	\$2,632,648	3,074	\$29,933,939	15.400%	5.300%

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**Rate Review Detail****COMPANY:**

Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

HHS Issuer Id: 94506

**PRODUCTS:**

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
HMO On Exchange	94506DC035		4242
POS On Exchange	94506DC036		1499

Trend Factors:

**FORMS:**

New Policy Forms:

DC-SG-PLATINUM-0-10-VISION-HMO-COST(01-23)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-RX(01-23)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-COST(01-23)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-RX(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-0-10-POS-VISION-COST(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-0-10-VISION-POS-RX(01-23)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-COST(01-23)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-RX(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-500-10-POS-VISION-COST(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-500-10-VISION-POS-RX(01-23)HIX, DC-SG-GOLD-0-20-VISION-HMO-COST(01-23)HIX, DC-SG-GOLD-0-20-VISION-HMO-RX(01-23)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-COST(01-23)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-RX(01-23)HIX, DC-SG-GOLD-500-20-VISION-DHMO-COST(01-23)HIX, DC-SG-GOLD-500-20-VISION-DHMO-RX(01-23)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-COST(01-23)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-RX(01-23)HIX, DC-SG-GOLD-ADDED-CHOICE-1000-20-POS-VISION-COST(01-23)HIX, DC-SG-GOLD-ADDED-CHOICE-1000-20-VISION-POS-RX(01-23)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-COST(01-23)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-RX(01-23)HIX, DC-SG-GOLD-VIRTUAL-FORWARD-2000-DHMO-COST(01-23)HIX, DC-SG-GOLD-VIRTUAL-FORWARD-2000-DHMO-RX(01-23)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-COST(01-23)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-RX(01-23)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-SILVER-1750-40-VISION-DHMO-COST(01-23)HIX, DC-SG-SILVER-1750-40-VISION-DHMO-RX(01-23)HIX, DC-SG-SILVER-1750-40-DHMOPLUS-VISION-COST(01-23)HIX, DC-SG-SILVER-1750-40-DHMOPLUS-VISION-RX(01-23)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-COST(01-23)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-RX(01-23)HIX, DC-SG-SILVER-VIRTUAL-FORWARD-3000-DHMO-COST(01-23)HIX, DC-SG-SILVER-VIRTUAL-FORWARD-3000-DHMO-RX(01-23)HIX, DC-SG-SILVER-ADDED-CHOICE-2500-40-POS-VISION-COST(01-23)HIX, DC-SG-SILVER-ADDED-CHOICE-2500-40-VISION-POS-RX(01-23)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-SILVER-2500-30-

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HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-COST(01-23)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-RX(01-23)HIX, DC-SG-BRONZE-ADDED-CHOICE-6500-55-POS-VISION-COST(01-23)HIX, DC-SG-BRONZE-ADDED-CHOICE-6500-55-VISION-POS-RX(01-23)HIX, DC-SG-BRONZE-6000-50-20%-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-BRONZE-6000-50-20%-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-STANDARD-PLATINUM-0-20-10%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-PLATINUM-0-20-10%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-GOLD-500-25-20%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-GOLD-500-25-20%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-SILVER-4850-40-20%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-SILVER-4850-40-20%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-BRONZE-7500-45-40%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-BRONZE-7500-45-40%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-BRONZE-6350-20%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-BRONZE-6350-20%-VISION-HMO-RX(01-23)HIX, DC-SG-PED-DENTAL(01-23)HIX, DC-SG-PED-DENTAL-FEE(01-23), DC-SG-PED-STD-PLAT-SILVER-GOLD-FEE(01-23)HIX, DC-SG-PED-STD-BRONZE-FEE(01-23)HIX

Affected Forms:

Other Affected Forms:

**REQUESTED RATE CHANGE INFORMATION:**

Change Period: Annual

Member Months: 54,971

Benefit Change: Increase

Percent Change Requested: Min: 5.3 Max: 13.4 Avg: 11.0

**PRIOR RATE:**

Total Earned Premium: 22,905,535.00

Total Incurred Claims: 20,980,554.00

Annual \$: Min: 186.07 Max: 1,056.44 Avg: 426.36

**REQUESTED RATE:**

Projected Earned Premium: 27,457,702.00

Projected Incurred Claims: 24,089,423.00

Annual \$: Min: 194.96 Max: 1,181.34 Avg: 480.21

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## Rate/Rule Schedule

SERFF Tracking #:

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Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2023 DC Small Group Rate Table	DC-SG-PLATINUM-0-10-VISION-HMO-COST(01-23)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-RX(01-23)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-COST(01-23)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-RX(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-0-10-POS-VISION-COST(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-0-10-VISION-POS-RX(01-23)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-COST(01-23)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-RX(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-500-10-POS-VISION-COST(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-500-10-VISION-POS-RX(01-23)HIX, DC-SG-GOLD-0-20-VISION-HMO-COST(01-23)HIX, DC-SG-GOLD-0-20-VISION-HMO-RX(01-23)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-COST(01-23)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-RX(01-23)HIX, DC-SG-GOLD-500-20-VISION-DHMO-COST(01-23)HIX, DC-SG-GOLD-500-20-VISION-DHMO-RX(01-23)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-COST(01-23)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-RX(01-23)HIX, DC-SG-GOLD-ADDED-CHOICE-1000-20-	New		2023 DC Small Group Rate Tables - Filed 20220429.pdf,

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/

			POS-VISION-COST(01-23)HIX, DC-SG-GOLD-ADDED-CHOICE-1000-20-VISION-POS-RX(01-23)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-COST(01-23)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-RX(01-23)HIX, DC-SG-GOLD-VIRTUAL-FORWARD-2000-DHMO-COST(01-23)HIX, DC-SG-GOLD-VIRTUAL-FORWARD-2000-DHMO-RX(01-23)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-COST(01-23)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-RX(01-23)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-SILVER-1750-40-VISION-DHMO-COST(01-23)HIX, DC-SG-SILVER-1750-40-VISION-DHMO-RX(01-23)HIX, DC-SG-SILVER-1750-40-DHMOPLUS-VISION-COST(01-23)HIX, DC-SG-SILVER-1750-40-DHMOPLUS-VISION-RX(01-23)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-COST(01-23)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-RX(01-23)HIX, DC-SG-SILVER-VIRTUAL-FORWARD-3000-DHMO-COST(01-23)HIX, DC-SG-SILVER-VIRTUAL-FORWARD-3000-DHMO-RX(01-23)HIX, DC-SG-SILVER-ADDED-CHOICE-2500-40-POS-VISION-COST(01-23)HIX, DC-SG-SILVER-ADDED-CHOICE-2500-40-VISION-POS-RX(01-23)HIX, DC-SG-SILVER-2000-			
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SERFF Tracking #:

KPMA-133222198

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

2023 DC Small Group

Project Name/Number:

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30-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-COST(01-23)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-RX(01-23)HIX, DC-SG-BRONZE-ADDED-CHOICE-6500-55-POS-VISION-COST(01-23)HIX, DC-SG-BRONZE-ADDED-CHOICE-6500-55-VISION-POS-RX(01-23)HIX, DC-SG-BRONZE-6000-50-20%-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-BRONZE-6000-50-20%-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-STANDARD-PLATINUM-0-20-10%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-PLATINUM-0-20-10%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-GOLD-500-25-20%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-GOLD-500-25-20%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-SILVER-4850-40-20%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-SILVER-4850-40-20%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-BRONZE-7500-45-40%-VISION-HMO-COST(01-23)HIX, DC-SG-

**SERFF Tracking #:**

KPMA-133222198

**State Tracking #:****Company Tracking #:****State:**

District of Columbia

**Filing Company:**

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

**TOI/Sub-TOI:**

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

**Product Name:**

2023 DC Small Group

**Project Name/Number:**

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			STANDARD-BRONZE-7500-45-40%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-BRONZE-6350-20%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-BRONZE-6350-20%-VISION-HMO-RX(01-23)HIX, DC-SG-PED-DENTAL(01-23)HIX, DC-SG-PED-DENTAL-FEE(01-23), DC-SG-PED-STD-PLAT-SILVER-GOLD-FEE(01-23)HIX, DC-SG-PED-STD-BRONZE-FEE(01-23)HIX			
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Small Group**

**Rates Effective January 1, 2023**

**Appendix I-A**

	94506DC0350001	94506DC0350023	94506DC0350016	94506DC0350002	94506DC0350017	94506DC0350031	94506DC0350004	94506DC0350018	94506DC0350005	94506DC0350019
Age	KP DC Platinum 0/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Platinum 0/10/Vision/Sel	KP DC Platinum 500/10/Vision	KP DC Platinum 500/10/Vision/Sel	Platinum 0/20/10%/Vision	KP DC Gold 0/20/Vision	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision	KP DC Gold 1000/20/Vision/Sel
20 and Under	320.50	333.31	336.52	310.64	326.17	315.52	294.67	309.40	272.34	285.95
21	356.27	370.52	374.09	345.31	362.58	350.74	327.56	343.94	302.73	317.87
22	356.27	370.52	374.09	345.31	362.58	350.74	327.56	343.94	302.73	317.87
23	356.27	370.52	374.09	345.31	362.58	350.74	327.56	343.94	302.73	317.87
24	356.27	370.52	374.09	345.31	362.58	350.74	327.56	343.94	302.73	317.87
25	356.27	370.52	374.09	345.31	362.58	350.74	327.56	343.94	302.73	317.87
26	356.27	370.52	374.09	345.31	362.58	350.74	327.56	343.94	302.73	317.87
27	356.27	370.52	374.09	345.31	362.58	350.74	327.56	343.94	302.73	317.87
28	364.60	379.18	382.83	353.39	371.06	358.94	335.22	351.98	309.81	325.30
29	372.44	387.34	391.07	360.99	379.04	366.66	342.43	359.55	316.48	332.30
30	381.75	397.02	400.84	370.01	388.51	375.82	350.99	368.54	324.39	340.60
31	391.55	407.21	411.13	379.51	398.49	385.47	360.01	378.00	332.72	349.35
32	400.38	416.39	420.40	388.06	407.47	394.16	368.12	386.52	340.21	357.22
33	409.69	426.07	430.17	397.08	416.94	403.32	376.68	395.51	348.12	365.53
34	419.49	436.26	440.46	406.58	426.92	412.97	385.69	404.97	356.45	374.27
35	429.29	446.46	450.76	416.08	436.89	422.62	394.70	414.43	364.78	383.01
36	439.09	456.65	461.05	425.58	446.87	432.27	403.71	423.89	373.11	391.76
37	448.89	466.84	471.34	435.08	456.84	441.92	412.72	433.35	381.44	400.50
38	454.28	472.45	477.00	440.31	462.33	447.22	417.68	438.56	386.02	405.31
39	459.67	478.06	482.66	445.53	467.81	452.53	422.64	443.76	390.60	410.12
40	477.80	496.91	501.70	463.11	486.27	470.38	439.31	461.27	406.01	426.30
41	496.43	516.28	521.25	481.16	505.22	488.71	456.43	479.24	421.83	442.92
42	516.03	536.67	541.83	500.15	525.17	508.01	474.45	498.17	438.49	460.40
43	536.12	557.56	562.93	519.63	545.62	527.79	492.92	517.57	455.56	478.33
44	557.19	579.48	585.06	540.05	567.06	548.54	512.30	537.91	473.46	497.13
45	578.76	601.90	607.70	560.95	589.01	569.76	532.12	558.72	491.79	516.37
46	601.30	625.35	631.37	582.80	611.95	591.96	552.85	580.49	510.94	536.48
47	624.82	649.81	656.07	605.60	635.89	615.11	574.48	603.20	530.93	557.47
48	649.32	675.29	681.79	629.35	660.82	639.24	597.01	626.85	551.75	579.33
49	674.81	701.79	708.55	654.05	686.76	664.32	620.44	651.45	573.40	602.07
50	701.27	729.32	736.34	679.70	713.69	690.38	644.77	677.00	595.89	625.68
51	728.71	757.86	765.15	706.30	741.62	717.39	670.00	703.49	619.21	650.16
52	757.14	787.42	795.00	733.84	770.54	745.37	696.13	730.93	643.36	675.52
53	786.54	818.00	825.87	762.34	800.47	774.32	723.17	759.32	668.35	701.76
54	817.41	850.10	858.29	792.27	831.89	804.71	751.55	789.12	694.58	729.30
55	849.27	883.23	891.73	823.14	864.31	836.07	780.84	819.87	721.65	757.72
56	882.59	917.89	926.72	855.44	898.22	868.88	811.48	852.04	749.97	787.45
57	916.89	953.56	962.74	888.69	933.13	902.65	843.02	885.16	779.11	818.06
58	952.67	990.77	1,000.31	923.36	969.54	937.87	875.91	919.70	809.51	849.98
59	989.91	1,029.50	1,039.41	959.46	1,007.44	974.53	910.15	955.65	841.16	883.21
60	1,028.63	1,069.76	1,080.06	996.98	1,046.84	1,012.65	945.75	993.03	874.06	917.75
61	1,068.81	1,111.56	1,122.26	1,035.93	1,087.74	1,052.21	982.68	1,031.82	908.19	953.60
62	1,068.81	1,111.56	1,122.26	1,035.93	1,087.74	1,052.21	982.68	1,031.82	908.19	953.60
63	1,068.81	1,111.56	1,122.26	1,035.93	1,087.74	1,052.21	982.68	1,031.82	908.19	953.60
64+	1,068.81	1,111.56	1,122.26	1,035.93	1,087.74	1,052.21	982.68	1,031.82	908.19	953.60

## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

## Market: District of Columbia Small Group

Rates Effective January 1, 2023

## Appendix I-B

	94506DC0350025	94506DC0350028	94506DC0350006	94506DC0350020	94506DC0350021	94506DC0350022	94506DC0350029	94506DC0350026	94506DC0350024	94506DC0350032
Age	KP DC Gold 1500/20/Vision	KP DC Gold 1500/20/Vision/Sel	KP DC Gold 1700/0%/HSA/Vision	1700/0%/HSA/Vision /Sel	KP DC Gold 500/20/Vision	KP DC Gold 500/20/Vision/Sel	KP DC Gold Virtual Complete 2000	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Standard Gold 500/25/20%/Vision
20 and Under	267.17	280.53	267.81	281.21	284.50	298.72	249.28	277.86	306.46	290.18
21	296.99	311.85	297.71	312.60	316.26	332.07	277.11	308.87	340.67	322.57
22	296.99	311.85	297.71	312.60	316.26	332.07	277.11	308.87	340.67	322.57
23	296.99	311.85	297.71	312.60	316.26	332.07	277.11	308.87	340.67	322.57
24	296.99	311.85	297.71	312.60	316.26	332.07	277.11	308.87	340.67	322.57
25	296.99	311.85	297.71	312.60	316.26	332.07	277.11	308.87	340.67	322.57
26	296.99	311.85	297.71	312.60	316.26	332.07	277.11	308.87	340.67	322.57
27	296.99	311.85	297.71	312.60	316.26	332.07	277.11	308.87	340.67	322.57
28	303.94	319.14	304.67	319.91	323.65	339.83	283.59	316.10	348.64	330.11
29	310.47	326.00	311.22	326.79	330.61	347.14	289.69	322.90	356.13	337.21
30	318.23	334.15	319.00	334.96	338.88	355.82	296.93	330.97	365.04	345.64
31	326.40	342.73	327.19	343.56	347.58	364.95	304.55	339.47	374.41	354.51
32	333.76	350.45	334.56	351.30	355.41	373.17	311.41	347.11	382.84	362.50
33	341.52	358.60	342.34	359.47	363.67	381.85	318.66	355.18	391.75	370.93
34	349.69	367.18	350.53	368.07	372.37	390.99	326.28	363.68	401.12	379.80
35	357.86	375.76	358.72	376.67	381.08	400.12	333.90	372.18	410.49	388.68
36	366.03	384.34	366.91	385.27	389.78	409.26	341.53	380.68	419.86	397.55
37	374.20	392.92	375.10	393.87	398.48	418.39	349.15	389.17	429.24	406.43
38	378.69	397.64	379.61	398.60	403.26	423.42	353.34	393.85	434.39	411.31
39	383.19	402.35	384.11	403.33	408.05	428.44	357.54	398.52	439.54	416.19
40	398.30	418.23	399.26	419.24	424.14	445.34	371.64	414.24	456.88	432.60
41	413.83	434.53	414.82	435.58	440.67	462.70	386.12	430.39	474.69	449.46
42	430.17	451.68	431.20	452.78	458.07	480.97	401.37	447.38	493.43	467.21
43	446.92	469.27	447.99	470.41	475.91	499.70	417.00	464.80	512.65	485.40
44	464.48	487.71	465.60	488.90	494.61	519.34	433.39	483.07	532.80	504.48
45	482.46	506.59	483.62	507.82	513.76	539.44	450.16	501.76	553.41	524.00
46	501.25	526.32	502.46	527.59	533.77	560.45	467.69	521.31	574.97	544.41
47	520.86	546.91	522.11	548.23	554.65	582.37	485.99	541.70	597.46	565.71
48	541.28	568.36	542.59	569.73	576.40	605.21	505.05	562.94	620.89	587.90
49	562.53	590.66	563.88	592.09	599.02	628.96	524.87	585.04	645.26	610.97
50	584.59	613.83	585.99	615.31	622.51	653.63	545.45	607.98	670.56	634.93
51	607.46	637.85	608.93	639.39	646.87	679.20	566.80	631.77	696.80	659.78
52	631.16	662.73	632.68	664.33	672.10	705.70	588.90	656.41	723.98	685.51
53	655.67	688.46	657.25	690.13	698.20	733.10	611.77	681.90	752.10	712.13
54	681.41	715.49	683.05	717.22	725.61	761.88	635.79	708.67	781.62	740.08
55	707.96	743.37	709.66	745.17	753.88	791.57	660.56	736.29	812.08	768.93
56	735.74	772.54	737.51	774.41	783.47	822.63	686.48	765.18	843.94	799.10
57	764.33	802.56	766.18	804.51	813.92	854.60	713.17	794.92	876.75	830.16
58	794.16	833.88	796.07	835.90	845.67	887.95	740.99	825.93	910.95	862.54
59	825.20	866.48	827.19	868.58	878.73	922.66	769.96	858.22	946.57	896.27
60	857.48	900.36	859.54	902.54	913.10	958.74	800.07	891.79	983.59	931.32
61	890.97	935.54	893.12	937.80	948.77	996.20	831.33	926.61	1,022.01	967.70
62	890.97	935.54	893.12	937.80	948.77	996.20	831.33	926.61	1,022.01	967.70
63	890.97	935.54	893.12	937.80	948.77	996.20	831.33	926.61	1,022.01	967.70
64+	890.97	935.54	893.12	937.80	948.77	996.20	831.33	926.61	1,022.01	967.70

## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Market: District of Columbia Small Group

Rates Effective January 1, 2023

## Appendix I-C

	1	2	3	4	5	6	7	8	9	10
	94506DC0350008	94506DC0350010	94506DC0350009	94506DC0350011	94506DC0350027	94506DC0350030	94506DC0350033	94506DC0350014	94506DC0350012	94506DC0350015
Age	KP DC Silver 1750/40/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver 3000/30/HSA/Vision	KP DC Silver DHMO Plus 1750/40/Vision	KP DC Silver Virtual Forward 3000	KP DC Standard Silver 4850/40/20%/Vision	KP DC Bronze 6000/50/HSA/Vision	KP DC Bronze 6500/55/Vision	KP DC Bronze 7000/0%/HSA/Vision
20 and Under	244.78	231.98	242.59	220.73	254.58	219.92	232.60	200.03	212.14	205.99
21	272.10	257.87	269.67	245.36	282.99	244.47	258.57	222.36	235.81	228.98
22	272.10	257.87	269.67	245.36	282.99	244.47	258.57	222.36	235.81	228.98
23	272.10	257.87	269.67	245.36	282.99	244.47	258.57	222.36	235.81	228.98
24	272.10	257.87	269.67	245.36	282.99	244.47	258.57	222.36	235.81	228.98
25	272.10	257.87	269.67	245.36	282.99	244.47	258.57	222.36	235.81	228.98
26	272.10	257.87	269.67	245.36	282.99	244.47	258.57	222.36	235.81	228.98
27	272.10	257.87	269.67	245.36	282.99	244.47	258.57	222.36	235.81	228.98
28	278.46	263.90	275.97	251.10	289.61	250.19	264.61	227.56	241.33	234.33
29	284.45	269.58	281.91	256.50	295.84	255.57	270.31	232.45	246.52	239.37
30	291.56	276.32	288.96	262.91	303.23	261.95	277.06	238.27	252.68	245.36
31	299.05	283.41	296.37	269.66	311.02	268.68	284.18	244.38	259.17	251.66
32	305.79	289.80	303.05	275.74	318.02	274.73	290.58	249.89	265.01	257.33
33	312.90	296.54	310.10	282.15	325.42	281.12	297.34	255.70	271.17	263.31
34	320.38	303.63	317.52	288.90	333.21	287.85	304.45	261.82	277.66	269.61
35	327.87	310.72	324.94	295.65	340.99	294.57	311.56	267.93	284.15	275.91
36	335.35	317.82	332.35	302.40	348.78	301.30	318.68	274.05	290.63	282.21
37	342.84	324.91	339.77	309.15	356.56	308.02	325.79	280.17	297.12	288.51
38	346.96	328.81	343.85	312.86	360.84	311.72	329.70	283.53	300.69	291.97
39	351.07	332.72	347.93	316.58	365.12	315.42	333.61	286.90	304.26	295.44
40	364.92	345.84	361.66	329.06	379.53	327.86	346.77	298.21	316.26	307.09
41	379.15	359.32	375.75	341.89	394.32	340.64	360.29	309.84	328.58	319.06
42	394.12	373.51	390.59	355.39	409.89	354.09	374.51	322.07	341.56	331.66
43	409.46	388.05	405.80	369.23	425.85	367.88	389.10	334.61	354.86	344.57
44	425.56	403.30	421.75	383.74	442.59	382.34	404.39	347.76	368.80	358.11
45	442.02	418.91	438.07	398.59	459.71	397.14	420.04	361.22	383.08	371.97
46	459.24	435.23	455.13	414.11	477.62	412.60	436.40	375.29	398.00	386.46
47	477.21	452.25	472.94	430.31	496.31	428.75	453.47	389.97	413.57	401.58
48	495.92	469.99	491.48	447.19	515.77	445.56	471.26	405.27	429.79	417.33
49	515.38	488.43	510.77	464.74	536.01	463.04	489.75	421.17	446.65	433.70
50	535.59	507.59	530.80	482.96	557.03	481.20	508.96	437.69	464.17	450.71
51	556.55	527.45	551.57	501.86	578.83	500.03	528.87	454.82	482.33	468.35
52	578.26	548.02	573.09	521.44	601.41	519.54	549.50	472.56	501.15	486.62
53	600.72	569.31	595.34	541.69	624.76	539.71	570.84	490.91	520.61	505.52
54	624.30	591.65	618.71	562.95	649.28	560.90	593.25	510.18	541.04	525.36
55	648.63	614.71	642.82	584.89	674.59	582.76	616.37	530.06	562.13	545.83
56	674.08	638.83	668.05	607.84	701.06	605.62	640.55	550.86	584.18	567.25
57	700.28	663.66	694.01	631.46	728.30	629.16	665.45	572.27	606.89	589.30
58	727.60	689.55	721.09	656.10	756.72	653.71	691.41	594.59	630.57	612.29
59	756.04	716.51	749.28	681.75	786.30	679.27	718.44	617.84	655.22	636.23
60	785.61	744.53	778.58	708.41	817.05	705.83	746.54	642.00	680.85	661.11
61	816.30	773.61	809.00	736.08	848.97	733.41	775.70	667.08	707.43	686.94
62	816.30	773.61	809.00	736.08	848.97	733.41	775.70	667.08	707.43	686.94
63	816.30	773.61	809.00	736.08	848.97	733.41	775.70	667.08	707.43	686.94
64+	816.30	773.61	809.00	736.08	848.97	733.41	775.70	667.08	707.43	686.94

## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Market: District of Columbia Small Group

Rates Effective January 1, 2023

## Appendix I-D

	1	2	3	4	5	6	7
	94506DC0350035	94506DC0350034	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001
Age	Bronze 6350/20%/HSA/Vision	Bronze 7500/45/40%/Vision	Added Choice 0/10/POS/Vision	Added Choice 500/10/POS/Vision	Choice 1000/20/POS/Vision	Choice 2500/40/POS/Vision	Choice 6500/55/POS/Vision
20 and Under	194.96	207.60	348.43	335.28	296.03	261.62	226.03
21	216.72	230.78	387.32	372.70	329.08	290.82	251.26
22	216.72	230.78	387.32	372.70	329.08	290.82	251.26
23	216.72	230.78	387.32	372.70	329.08	290.82	251.26
24	216.72	230.78	387.32	372.70	329.08	290.82	251.26
25	216.72	230.78	387.32	372.70	329.08	290.82	251.26
26	216.72	230.78	387.32	372.70	329.08	290.82	251.26
27	216.72	230.78	387.32	372.70	329.08	290.82	251.26
28	221.78	236.17	396.38	381.42	336.77	297.62	257.13
29	226.55	241.25	404.90	389.62	344.01	304.02	262.66
30	232.22	247.28	415.02	399.36	352.61	311.62	269.23
31	238.18	253.63	425.68	409.62	361.67	319.62	276.14
32	243.55	259.35	435.27	418.84	369.81	326.82	282.36
33	249.21	265.38	445.39	428.58	378.41	334.42	288.93
34	255.17	271.73	456.05	438.84	387.47	342.42	295.84
35	261.13	278.08	466.70	449.09	396.52	350.43	302.75
36	267.10	284.42	477.36	459.34	405.57	358.43	309.66
37	273.06	290.77	488.01	469.60	414.63	366.43	316.57
38	276.34	294.26	493.87	475.24	419.60	370.83	320.38
39	279.62	297.76	499.73	480.88	424.58	375.23	324.18
40	290.65	309.50	519.45	499.84	441.33	390.03	336.97
41	301.97	321.56	539.69	519.33	458.53	405.23	350.10
42	313.90	334.26	561.00	539.83	476.64	421.23	363.92
43	326.12	347.28	582.85	560.85	495.20	437.63	378.09
44	338.94	360.93	605.75	582.90	514.66	454.83	392.95
45	352.05	374.89	629.20	605.45	534.58	472.43	408.16
46	365.77	389.50	653.70	629.04	555.40	490.84	424.06
47	380.07	404.73	679.28	653.64	577.13	510.04	440.65
48	394.98	420.60	705.91	679.28	599.76	530.04	457.93
49	410.48	437.11	733.62	705.93	623.30	550.84	475.90
50	426.58	454.25	762.39	733.62	647.74	572.44	494.56
51	443.27	472.03	792.22	762.33	673.09	594.84	513.92
52	460.56	490.44	823.12	792.06	699.34	618.04	533.96
53	478.45	509.49	855.09	822.82	726.50	642.05	554.70
54	497.23	529.49	888.65	855.12	755.02	667.25	576.47
55	516.60	550.12	923.28	888.44	784.44	693.25	598.93
56	536.87	571.70	959.51	923.30	815.22	720.45	622.44
57	557.74	593.93	996.81	959.19	846.90	748.45	646.63
58	579.50	617.10	1,035.70	996.61	879.95	777.66	671.86
59	602.16	641.22	1,076.19	1,035.58	914.35	808.06	698.12
60	625.71	666.30	1,118.28	1,076.08	950.11	839.66	725.43
61	650.15	692.33	1,161.96	1,118.10	987.23	872.46	753.77
62	650.15	692.33	1,161.96	1,118.10	987.23	872.46	753.77
63	650.15	692.33	1,161.96	1,118.10	987.23	872.46	753.77
64+	650.15	692.33	1,161.96	1,118.10	987.23	872.46	753.77

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Small Group**

**Rates Effective April 1, 2023  
Appendix II-A**

	1	2	3	4	5	6	7	8	9	10
	94506DC0350001	94506DC0350023	94506DC0350016	94506DC0350002	94506DC0350017	94506DC0350031	94506DC0350004	94506DC0350018	94506DC0350005	94506DC0350019
Age	KP DC Platinum 0/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Platinum 0/10/Vision/Sel	KP DC Platinum 500/10/Vision	KP DC Platinum 500/10/Vision/Sel	Platinum 0/20/10%/Vision	KP DC Gold 0/20/Vision	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision	KP DC Gold 1000/20/Vision/Sel
20 and Under	322.27	335.16	338.38	312.35	327.98	317.26	296.30	311.11	273.84	287.53
21	358.24	372.57	376.15	347.22	364.58	352.68	329.38	345.84	304.41	319.62
22	358.24	372.57	376.15	347.22	364.58	352.68	329.38	345.84	304.41	319.62
23	358.24	372.57	376.15	347.22	364.58	352.68	329.38	345.84	304.41	319.62
24	358.24	372.57	376.15	347.22	364.58	352.68	329.38	345.84	304.41	319.62
25	358.24	372.57	376.15	347.22	364.58	352.68	329.38	345.84	304.41	319.62
26	358.24	372.57	376.15	347.22	364.58	352.68	329.38	345.84	304.41	319.62
27	358.24	372.57	376.15	347.22	364.58	352.68	329.38	345.84	304.41	319.62
28	366.62	381.28	384.95	355.34	373.11	360.92	337.08	353.93	311.53	327.10
29	374.50	389.48	393.23	362.98	381.13	368.68	344.33	361.54	318.23	334.13
30	383.86	399.22	403.06	372.06	390.66	377.90	352.94	370.58	326.18	342.49
31	393.72	409.47	413.41	381.61	400.69	387.60	362.00	380.09	334.56	351.28
32	402.59	418.69	422.72	390.20	409.72	396.34	370.15	388.66	342.09	359.19
33	411.95	428.43	432.55	399.28	419.25	405.55	378.76	397.69	350.05	367.55
34	421.81	438.68	442.90	408.83	429.28	415.25	387.82	407.21	358.42	376.34
35	431.66	448.93	453.25	418.38	439.31	424.96	396.88	416.72	366.80	385.13
36	441.52	459.18	463.60	427.94	449.34	434.66	405.94	426.24	375.17	393.93
37	451.37	469.42	473.94	437.49	459.37	444.36	415.00	435.75	383.55	402.72
38	456.79	475.06	479.64	442.74	464.88	449.70	419.99	440.98	388.15	407.55
39	462.21	480.70	485.33	448.00	470.40	455.03	424.97	446.22	392.76	412.39
40	480.45	499.66	504.47	465.67	488.95	472.98	441.74	463.82	408.25	428.66
41	499.17	519.13	524.13	483.82	508.01	491.42	458.95	481.89	424.16	445.36
42	518.88	539.63	544.83	502.92	528.07	510.82	477.07	500.92	440.91	462.95
43	539.09	560.64	566.04	522.50	548.63	530.71	495.65	520.43	458.08	480.98
44	560.27	582.68	588.29	543.04	570.20	551.57	515.13	540.88	476.08	499.88
45	581.96	605.23	611.06	564.05	592.26	572.92	535.07	561.81	494.51	519.23
46	604.62	628.80	634.86	586.02	615.33	595.23	555.91	583.70	513.77	539.45
47	628.28	653.40	659.69	608.95	639.40	618.52	577.65	606.53	533.87	560.55
48	652.91	679.03	685.56	632.83	664.48	642.77	600.31	630.32	554.80	582.53
49	678.54	705.67	712.47	657.66	690.55	668.00	623.87	655.05	576.58	605.40
50	705.15	733.35	740.41	683.46	717.63	694.19	648.33	680.74	599.19	629.14
51	732.74	762.05	769.38	710.20	745.72	721.36	673.70	707.38	622.63	653.76
52	761.32	791.77	799.39	737.90	774.81	749.50	699.98	734.97	646.92	679.26
53	790.89	822.52	830.44	766.56	804.89	778.60	727.16	763.51	672.04	705.64
54	821.93	854.80	863.03	796.65	836.49	809.16	755.71	793.48	698.42	733.33
55	853.96	888.11	896.66	827.69	869.09	840.70	785.16	824.41	725.64	761.91
56	887.47	922.96	931.85	860.17	903.19	873.68	815.96	856.75	754.11	791.81
57	921.96	958.84	968.07	893.60	938.29	907.64	847.68	890.05	783.42	822.58
58	957.94	996.25	1,005.84	928.47	974.90	943.05	880.75	924.78	813.99	854.68
59	995.39	1,035.19	1,045.16	964.77	1,013.01	979.92	915.19	960.93	845.81	888.09
60	1,034.31	1,075.68	1,086.04	1,002.50	1,052.63	1,018.25	950.98	998.52	878.89	922.82
61	1,074.72	1,117.70	1,128.45	1,041.66	1,093.74	1,058.03	988.13	1,037.52	913.22	958.86
62	1,074.72	1,117.70	1,128.45	1,041.66	1,093.74	1,058.03	988.13	1,037.52	913.22	958.86
63	1,074.72	1,117.70	1,128.45	1,041.66	1,093.74	1,058.03	988.13	1,037.52	913.22	958.86
64+	1,074.72	1,117.70	1,128.45	1,041.66	1,093.74	1,058.03	988.13	1,037.52	913.22	958.86

## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Market: District of Columbia Small Group

Rates Effective April 1, 2023

Appendix II-B

	1	2	3	4	5	6	7	8	9	10
	94506DC0350025	94506DC0350028	94506DC0350006	94506DC0350020	94506DC0350021	94506DC0350022	94506DC0350029	94506DC0350026	94506DC0350024	94506DC0350032
Age	KP DC Gold 1500/20/Vision	KP DC Gold 1500/20/Vision/Sel	KP DC Gold 1700/0%/HSA/Vision	1700/0%/HSA/Vision /Sel	KP DC Gold 500/20/Vision	KP DC Gold 500/20/Vision/Sel	KP DC Gold Virtual Complete 2000	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Standard Gold 500/25/20%/Vision
20 and Under	268.65	282.08	269.29	282.77	286.07	300.37	250.66	279.40	308.16	291.78
21	298.63	313.57	299.35	314.33	318.01	333.90	278.64	310.58	342.55	324.35
22	298.63	313.57	299.35	314.33	318.01	333.90	278.64	310.58	342.55	324.35
23	298.63	313.57	299.35	314.33	318.01	333.90	278.64	310.58	342.55	324.35
24	298.63	313.57	299.35	314.33	318.01	333.90	278.64	310.58	342.55	324.35
25	298.63	313.57	299.35	314.33	318.01	333.90	278.64	310.58	342.55	324.35
26	298.63	313.57	299.35	314.33	318.01	333.90	278.64	310.58	342.55	324.35
27	298.63	313.57	299.35	314.33	318.01	333.90	278.64	310.58	342.55	324.35
28	305.62	320.90	306.35	321.68	325.44	341.71	285.16	317.85	350.56	331.94
29	312.19	327.80	312.94	328.60	332.44	349.06	291.29	324.68	358.10	339.07
30	319.99	336.00	320.76	336.81	340.75	357.78	298.57	332.80	367.06	347.55
31	328.21	344.63	329.00	345.46	349.50	366.97	306.24	341.34	376.48	356.47
32	335.60	352.39	336.41	353.24	357.37	375.24	313.14	349.03	384.96	364.50
33	343.41	360.58	344.24	361.46	365.69	383.96	320.42	357.15	393.91	372.98
34	351.62	369.21	352.47	370.10	374.43	393.15	328.08	365.69	403.34	381.90
35	359.84	377.84	360.71	378.75	383.18	402.34	335.75	374.24	412.76	390.83
36	368.05	386.46	368.94	387.40	391.93	411.52	343.41	382.78	422.19	399.75
37	376.27	395.09	377.18	396.05	400.68	420.71	351.08	391.33	431.61	408.67
38	380.79	399.83	381.71	400.80	405.49	425.76	355.30	396.03	436.79	413.58
39	385.31	404.58	386.24	405.56	410.30	430.81	359.51	400.72	441.98	418.49
40	400.51	420.54	401.47	421.56	426.49	447.81	373.69	416.53	459.41	435.00
41	416.12	436.93	417.12	437.99	443.11	465.26	388.26	432.77	477.31	451.95
42	432.55	454.18	433.59	455.28	460.61	483.63	403.59	449.85	496.16	469.80
43	449.39	471.86	450.47	473.01	478.54	502.46	419.30	467.37	515.48	488.09
44	467.05	490.41	468.18	491.60	497.35	522.21	435.78	485.74	535.74	507.27
45	485.13	509.39	486.29	510.62	516.60	542.42	452.65	504.54	556.47	526.90
46	504.02	529.23	505.24	530.51	536.72	563.55	470.28	524.19	578.15	547.43
47	523.74	549.93	525.00	551.27	557.71	585.59	488.68	544.69	600.77	568.84
48	544.28	571.50	545.59	572.88	579.58	608.56	507.84	566.06	624.33	591.15
49	565.64	593.93	567.00	595.37	602.33	632.44	527.77	588.27	648.83	614.35
50	587.82	617.22	589.24	618.71	625.95	657.24	548.47	611.34	674.27	638.44
51	610.82	641.37	612.29	642.93	650.45	682.96	569.93	635.26	700.66	663.42
52	634.65	666.39	636.18	668.00	675.82	709.60	592.16	660.04	727.99	689.30
53	659.29	692.27	660.88	693.95	702.06	737.16	615.16	685.67	756.26	716.07
54	685.17	719.44	686.82	721.19	729.62	766.09	639.30	712.59	785.94	744.18
55	711.87	747.48	713.59	749.29	758.05	795.95	664.22	740.36	816.57	773.18
56	739.81	776.81	741.59	778.69	787.80	827.18	690.28	769.41	848.61	803.51
57	768.56	807.00	770.41	808.96	818.42	859.33	717.11	799.31	881.59	834.75
58	798.55	838.49	800.47	840.52	850.35	892.85	745.09	830.50	915.99	867.31
59	829.77	871.27	831.76	873.38	883.59	927.76	774.22	862.97	951.80	901.22
60	862.22	905.34	864.29	907.53	918.15	964.04	804.50	896.72	989.03	936.47
61	895.89	940.71	898.05	942.99	954.02	1,001.70	835.92	931.74	1,027.65	973.05
62	895.89	940.71	898.05	942.99	954.02	1,001.70	835.92	931.74	1,027.65	973.05
63	895.89	940.71	898.05	942.99	954.02	1,001.70	835.92	931.74	1,027.65	973.05
64+	895.89	940.71	898.05	942.99	954.02	1,001.70	835.92	931.74	1,027.65	973.05



## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Market: District of Columbia Small Group

Rates Effective April 1, 2023

Appendix II-C

	1	2	3	4	5	6	7	8	9	10
	94506DC0350008	94506DC0350010	94506DC0350009	94506DC0350011	94506DC0350027	94506DC0350030	94506DC0350033	94506DC0350014	94506DC0350012	94506DC0350015
Age	KP DC Silver 1750/40/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver 3000/30/HSA/Vision	KP DC Silver DHMO Plus 1750/40/Vision	KP DC Silver Virtual Forward 3000	KP DC Standard Silver 4850/40/20%/Vision	KP DC Bronze 6000/50/HSA/Vision	KP DC Bronze 6500/55/Vision	KP DC Bronze 7000/0%/HSA/Vision
20 and Under	246.13	233.26	243.93	221.95	255.98	221.14	233.89	201.14	213.31	207.13
21	273.61	259.30	271.16	246.72	284.56	245.82	260.00	223.59	237.12	230.24
22	273.61	259.30	271.16	246.72	284.56	245.82	260.00	223.59	237.12	230.24
23	273.61	259.30	271.16	246.72	284.56	245.82	260.00	223.59	237.12	230.24
24	273.61	259.30	271.16	246.72	284.56	245.82	260.00	223.59	237.12	230.24
25	273.61	259.30	271.16	246.72	284.56	245.82	260.00	223.59	237.12	230.24
26	273.61	259.30	271.16	246.72	284.56	245.82	260.00	223.59	237.12	230.24
27	273.61	259.30	271.16	246.72	284.56	245.82	260.00	223.59	237.12	230.24
28	280.00	265.36	277.50	252.49	291.21	251.57	266.08	228.82	242.66	235.63
29	286.03	271.07	283.47	257.92	297.47	256.98	271.80	233.74	247.88	240.70
30	293.18	277.85	290.55	264.37	304.91	263.40	278.59	239.58	254.08	246.71
31	300.70	284.98	298.01	271.15	312.74	270.17	285.75	245.73	260.60	253.05
32	307.48	291.40	304.73	277.26	319.78	276.25	292.18	251.27	266.47	258.75
33	314.63	298.18	311.81	283.71	327.22	282.68	298.98	257.11	272.67	264.77
34	322.15	305.31	319.27	290.50	335.05	289.44	306.13	263.26	279.19	271.10
35	329.68	312.44	326.73	297.29	342.88	296.20	313.29	269.42	285.72	277.43
36	337.21	319.58	334.19	304.07	350.70	302.96	320.44	275.57	292.24	283.77
37	344.74	326.71	341.65	310.86	358.53	309.73	327.59	281.72	298.76	290.10
38	348.88	330.63	345.75	314.59	362.84	313.45	331.52	285.10	302.35	293.59
39	353.02	334.56	349.86	318.33	367.14	317.17	335.46	288.48	305.94	297.07
40	366.94	347.75	363.66	330.88	381.63	329.68	348.69	299.86	318.01	308.79
41	381.24	361.31	377.83	343.78	396.50	342.53	362.28	311.55	330.40	320.82
42	396.30	375.57	392.75	357.35	412.16	356.05	376.59	323.85	343.45	333.49
43	411.73	390.20	408.04	371.27	428.20	369.91	391.25	336.46	356.82	346.48
44	427.91	405.53	424.08	385.86	445.03	384.45	406.63	349.69	370.84	360.09
45	444.47	421.23	440.49	400.79	462.26	399.33	422.36	363.22	385.20	374.03
46	461.78	437.63	457.65	416.40	480.26	414.89	438.81	377.37	400.20	388.60
47	479.85	454.75	475.55	432.69	499.05	431.12	455.98	392.13	415.85	403.80
48	498.66	472.59	494.20	449.66	518.62	448.02	473.86	407.51	432.16	419.63
49	518.23	491.13	513.60	467.31	538.97	465.61	492.46	423.50	449.12	436.10
50	538.56	510.39	533.74	485.63	560.11	483.86	511.77	440.11	466.74	453.20
51	559.63	530.37	554.62	504.64	582.03	502.80	531.80	457.33	485.00	470.94
52	581.46	551.05	576.26	524.32	604.73	522.41	552.54	475.17	503.92	489.31
53	604.04	572.45	598.64	544.68	628.22	542.70	574.00	493.62	523.49	508.31
54	627.75	594.92	622.13	566.06	652.87	564.00	596.53	513.00	544.04	528.26
55	652.21	618.11	646.38	588.12	678.32	585.98	619.78	532.99	565.24	548.85
56	677.80	642.36	671.74	611.20	704.93	608.97	644.09	553.90	587.41	570.39
57	704.15	667.33	697.85	634.96	732.33	632.64	669.13	575.43	610.25	592.56
58	731.62	693.37	725.08	659.73	760.90	657.33	695.24	597.88	634.06	615.67
59	760.23	720.47	753.42	685.52	790.65	683.02	722.42	621.26	658.84	639.74
60	789.96	748.65	782.89	712.33	821.57	709.74	750.67	645.55	684.61	664.76
61	820.82	777.90	813.47	740.16	853.67	737.46	779.99	670.77	711.36	690.72
62	820.82	777.90	813.47	740.16	853.67	737.46	779.99	670.77	711.36	690.72
63	820.82	777.90	813.47	740.16	853.67	737.46	779.99	670.77	711.36	690.72
64+	820.82	777.90	813.47	740.16	853.67	737.46	779.99	670.77	711.36	690.72

## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Market: District of Columbia Small Group

Rates Effective April 1, 2023

Appendix II-D

	1	2	3	4	5	6	7
	94506DC0350035	94506DC0350034	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001
Age	Bronze 6350/20%/HSA/Visio	Bronze 7500/45/40%/Vision	Added Choice 0/10/POS/Vision	Added Choice 500/10/POS/Vision	Choice 1000/20/POS/Vision	Choice 2500/40/POS/Vision	Choice 6500/55/POS/Vision
20 and Under	196.03	208.75	350.36	337.13	297.67	263.07	227.28
21	217.92	232.05	389.46	374.77	330.89	292.43	252.64
22	217.92	232.05	389.46	374.77	330.89	292.43	252.64
23	217.92	232.05	389.46	374.77	330.89	292.43	252.64
24	217.92	232.05	389.46	374.77	330.89	292.43	252.64
25	217.92	232.05	389.46	374.77	330.89	292.43	252.64
26	217.92	232.05	389.46	374.77	330.89	292.43	252.64
27	217.92	232.05	389.46	374.77	330.89	292.43	252.64
28	223.01	237.48	398.57	383.53	338.63	299.27	258.55
29	227.81	242.59	407.14	391.78	345.91	305.70	264.11
30	233.50	248.65	417.32	401.57	354.56	313.35	270.72
31	239.50	255.03	428.03	411.88	363.67	321.39	277.67
32	244.89	260.78	437.68	421.16	371.86	328.63	283.92
33	250.59	266.84	447.86	430.95	380.51	336.27	290.52
34	256.58	273.23	458.57	441.26	389.61	344.32	297.47
35	262.58	279.61	469.28	451.57	398.71	352.36	304.42
36	268.57	286.00	480.00	461.88	407.82	360.41	311.37
37	274.57	292.38	490.71	472.19	416.92	368.45	318.33
38	277.86	295.89	496.60	477.86	421.92	372.88	322.15
39	281.16	299.40	502.50	483.54	426.93	377.30	325.97
40	292.25	311.21	522.32	502.61	443.77	392.18	338.83
41	303.64	323.34	542.68	522.20	461.07	407.47	352.03
42	315.63	336.11	564.10	542.82	479.27	423.56	365.93
43	327.92	349.20	586.07	563.95	497.94	440.05	380.18
44	340.81	362.92	609.10	586.12	517.51	457.35	395.13
45	354.00	376.97	632.68	608.80	537.53	475.05	410.42
46	367.79	391.65	657.32	632.51	558.47	493.55	426.40
47	382.18	406.97	683.03	657.26	580.32	512.86	443.08
48	397.16	422.93	709.82	683.03	603.07	532.97	460.46
49	412.75	439.53	737.68	709.84	626.74	553.89	478.53
50	428.94	456.76	766.60	737.67	651.32	575.61	497.30
51	445.72	474.64	796.60	766.54	676.81	598.13	516.76
52	463.11	493.15	827.67	796.44	703.21	621.46	536.91
53	481.09	512.30	859.82	827.37	730.52	645.60	557.76
54	499.98	532.41	893.57	859.85	759.19	670.94	579.66
55	519.46	553.16	928.39	893.35	788.78	697.08	602.25
56	539.84	574.87	964.82	928.41	819.73	724.44	625.88
57	560.83	597.21	1,002.32	964.49	851.59	752.59	650.20
58	582.71	620.51	1,041.42	1,002.12	884.81	781.96	675.57
59	605.49	644.77	1,082.14	1,041.30	919.40	812.53	701.98
60	629.17	669.98	1,124.46	1,082.03	955.36	844.30	729.44
61	653.75	696.15	1,168.38	1,124.30	992.67	877.29	757.92
62	653.75	696.15	1,168.38	1,124.30	992.67	877.29	757.92
63	653.75	696.15	1,168.38	1,124.30	992.67	877.29	757.92
64+	653.75	696.15	1,168.38	1,124.30	992.67	877.29	757.92

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Rates Effective July 1, 2023**  
**Appendix III-A**

	1	2	3	4	5	6	7	8	9	10
	94506DC0350001	94506DC0350023	94506DC0350016	94506DC0350002	94506DC0350017	94506DC0350031	94506DC0350004	94506DC0350018	94506DC0350005	94506DC0350019
Age	KP DC Platinum 0/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Platinum 0/10/Vision/Sel	KP DC Platinum 500/10/Vision	KP DC Platinum 500/10/Vision/Sel	Platinum 0/20/10%/Vision	KP DC Gold 0/20/Vision	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision	KP DC Gold 1000/20/Vision/Sel
20 and Under	324.05	337.01	340.25	314.08	329.79	319.02	297.94	312.83	275.36	289.12
21	360.22	374.63	378.23	349.14	366.60	354.63	331.20	347.75	306.09	321.39
22	360.22	374.63	378.23	349.14	366.60	354.63	331.20	347.75	306.09	321.39
23	360.22	374.63	378.23	349.14	366.60	354.63	331.20	347.75	306.09	321.39
24	360.22	374.63	378.23	349.14	366.60	354.63	331.20	347.75	306.09	321.39
25	360.22	374.63	378.23	349.14	366.60	354.63	331.20	347.75	306.09	321.39
26	360.22	374.63	378.23	349.14	366.60	354.63	331.20	347.75	306.09	321.39
27	360.22	374.63	378.23	349.14	366.60	354.63	331.20	347.75	306.09	321.39
28	368.64	383.39	387.08	357.30	375.17	362.92	338.94	355.89	313.25	328.91
29	376.57	391.63	395.40	364.99	383.24	370.72	346.23	363.54	319.99	335.98
30	385.99	401.42	405.29	374.11	392.82	379.99	354.89	372.63	327.99	344.38
31	395.90	411.73	415.69	383.72	402.91	389.75	364.00	382.19	336.41	353.22
32	404.82	421.01	425.06	392.36	411.98	398.53	372.20	390.80	343.98	361.18
33	414.23	430.80	434.94	401.49	421.57	407.79	380.85	399.89	351.98	369.58
34	424.14	441.10	445.35	411.09	431.65	417.55	389.97	409.46	360.40	378.42
35	434.05	451.41	455.75	420.70	441.74	427.31	399.08	419.03	368.83	387.26
36	443.96	461.71	466.16	430.30	451.82	437.06	408.19	428.59	377.25	396.10
37	453.87	472.02	476.56	439.91	461.91	446.82	417.30	438.16	385.67	404.95
38	459.32	477.69	482.29	445.19	467.45	452.18	422.31	443.42	390.30	409.81
39	464.77	483.36	488.01	450.47	473.00	457.55	427.32	448.68	394.93	414.67
40	483.10	502.42	507.26	468.24	491.66	475.60	444.18	466.38	410.51	431.03
41	501.93	522.01	527.03	486.49	510.82	494.13	461.49	484.56	426.51	447.83
42	521.75	542.62	547.84	505.70	530.99	513.65	479.71	503.69	443.35	465.51
43	542.07	563.74	569.17	525.39	551.67	533.65	498.39	523.30	460.61	483.64
44	563.37	585.90	591.54	546.04	573.35	554.62	517.98	543.87	478.72	502.64
45	585.17	608.58	614.44	567.17	595.54	576.08	538.02	564.92	497.24	522.10
46	607.97	632.28	638.37	589.26	618.73	598.52	558.98	586.92	516.61	542.43
47	631.75	657.02	663.34	612.32	642.94	621.94	580.85	609.88	536.82	563.65
48	656.52	682.78	689.35	636.33	668.15	646.33	603.63	633.80	557.87	585.76
49	682.29	709.58	716.41	661.30	694.37	671.69	627.32	658.67	579.76	608.74
50	709.05	737.40	744.50	687.23	721.60	698.03	651.92	684.51	602.50	632.62
51	736.79	766.26	773.64	714.13	749.84	725.35	677.43	711.29	626.08	657.37
52	765.53	796.15	803.81	741.98	779.09	753.64	703.85	739.04	650.50	683.01
53	795.26	827.07	835.03	770.80	809.35	782.91	731.19	767.74	675.76	709.54
54	826.48	859.53	867.81	801.05	841.11	813.64	759.89	797.87	702.28	737.39
55	858.68	893.03	901.62	832.27	873.89	845.34	789.50	828.96	729.65	766.12
56	892.38	928.07	937.00	864.93	908.18	878.51	820.48	861.49	758.28	796.19
57	927.06	964.14	973.42	898.54	943.48	912.66	852.37	894.98	787.75	827.13
58	963.23	1,001.76	1,011.40	933.60	980.29	948.27	885.62	929.89	818.49	859.40
59	1,000.89	1,040.92	1,050.94	970.10	1,018.61	985.34	920.25	966.25	850.49	893.00
60	1,040.03	1,081.63	1,092.04	1,008.04	1,058.45	1,023.88	956.24	1,004.04	883.75	927.93
61	1,080.66	1,123.88	1,134.69	1,047.42	1,099.80	1,063.88	993.59	1,043.25	918.27	964.17
62	1,080.66	1,123.88	1,134.69	1,047.42	1,099.80	1,063.88	993.59	1,043.25	918.27	964.17
63	1,080.66	1,123.88	1,134.69	1,047.42	1,099.80	1,063.88	993.59	1,043.25	918.27	964.17
64+	1,080.66	1,123.88	1,134.69	1,047.42	1,099.80	1,063.88	993.59	1,043.25	918.27	964.17

## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Market: District of Columbia Small Group

Rates Effective July 1, 2023

Appendix III-B

	1	2	3	4	5	6	7	8	9	10
	94506DC0350025	94506DC0350028	94506DC0350006	94506DC0350020	94506DC0350021	94506DC0350022	94506DC0350029	94506DC0350026	94506DC0350024	94506DC0350032
Age	KP DC Gold 1500/20/Vision	KP DC Gold 1500/20/Vision/Sel	KP DC Gold 1700/0%/HSA/Vision	1700/0%/HSA/Vision /Sel	KP DC Gold 500/20/Vision	KP DC Gold 500/20/Vision/Sel	KP DC Gold Virtual Complete 2000	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Standard Gold 500/25/20%/Vision
20 and Under	270.13	283.64	270.78	284.33	287.66	302.03	252.05	280.94	309.86	293.39
21	300.28	315.30	301.01	316.07	319.76	335.75	280.18	312.30	344.45	326.14
22	300.28	315.30	301.01	316.07	319.76	335.75	280.18	312.30	344.45	326.14
23	300.28	315.30	301.01	316.07	319.76	335.75	280.18	312.30	344.45	326.14
24	300.28	315.30	301.01	316.07	319.76	335.75	280.18	312.30	344.45	326.14
25	300.28	315.30	301.01	316.07	319.76	335.75	280.18	312.30	344.45	326.14
26	300.28	315.30	301.01	316.07	319.76	335.75	280.18	312.30	344.45	326.14
27	300.28	315.30	301.01	316.07	319.76	335.75	280.18	312.30	344.45	326.14
28	307.31	322.68	308.05	323.46	327.24	343.60	286.73	319.60	352.50	333.77
29	313.92	329.62	314.67	330.41	334.28	350.99	292.90	326.48	360.08	340.95
30	321.76	337.86	322.54	338.67	342.64	359.76	300.22	334.64	369.09	349.47
31	330.02	346.53	330.82	347.37	351.43	369.00	307.93	343.23	378.56	358.44
32	337.46	354.34	338.27	355.20	359.35	377.31	314.87	350.96	387.09	366.52
33	345.31	362.58	346.14	363.46	367.71	386.09	322.19	359.12	396.09	375.04
34	353.57	371.25	354.42	372.15	376.50	395.32	329.90	367.72	405.57	384.02
35	361.83	379.93	362.70	380.85	385.30	404.56	337.61	376.31	415.04	392.99
36	370.09	388.60	370.98	389.54	394.10	413.80	345.31	384.90	424.52	401.96
37	378.35	397.27	379.26	398.24	402.89	423.03	353.02	393.49	434.00	410.93
38	382.89	402.05	383.82	403.02	407.73	428.11	357.26	398.21	439.21	415.87
39	387.44	406.82	388.37	407.80	412.57	433.19	361.50	402.94	444.42	420.80
40	402.72	422.86	403.69	423.89	428.85	450.28	375.76	418.83	461.95	437.40
41	418.42	439.34	419.42	440.41	445.56	467.83	390.40	435.16	479.95	454.45
42	434.94	456.69	435.99	457.80	463.15	486.30	405.82	452.34	498.91	472.39
43	451.87	474.47	452.96	475.62	481.19	505.24	421.62	469.95	518.33	490.79
44	469.63	493.12	470.76	494.32	500.10	525.10	438.19	488.43	538.70	510.08
45	487.81	512.21	488.98	513.45	519.45	545.42	455.15	507.33	559.55	529.82
46	506.81	532.16	508.03	533.45	539.69	566.66	472.88	527.09	581.35	550.45
47	526.63	552.97	527.90	554.31	560.80	588.83	491.38	547.71	604.09	571.99
48	547.29	574.66	548.60	576.05	582.79	611.92	510.65	569.19	627.78	594.42
49	568.76	597.21	570.13	598.66	605.66	635.94	530.69	591.52	652.41	617.74
50	591.07	620.63	592.49	622.14	629.41	660.87	551.50	614.72	678.00	641.97
51	614.20	644.92	615.68	646.48	654.04	686.74	573.08	638.78	704.53	667.09
52	638.16	670.08	639.69	671.70	679.55	713.52	595.43	663.69	732.01	693.11
53	662.94	696.10	664.54	697.78	705.95	741.23	618.56	689.47	760.44	720.03
54	688.96	723.42	690.62	725.17	733.66	770.33	642.84	716.53	790.29	748.29
55	715.81	751.61	717.53	753.43	762.24	800.35	667.89	744.45	821.09	777.45
56	743.90	781.10	745.69	783.00	792.15	831.75	694.10	773.66	853.30	807.96
57	772.81	811.46	774.67	813.43	822.94	864.08	721.07	803.73	886.47	839.36
58	802.96	843.12	804.90	845.17	855.05	897.79	749.21	835.09	921.06	872.11
59	834.35	876.09	836.36	878.21	888.48	932.89	778.50	867.74	957.06	906.20
60	866.98	910.35	869.07	912.55	923.23	969.37	808.94	901.68	994.49	941.65
61	900.84	945.90	903.02	948.20	959.28	1,007.24	840.54	936.90	1,033.35	978.42
62	900.84	945.90	903.02	948.20	959.28	1,007.24	840.54	936.90	1,033.35	978.42
63	900.84	945.90	903.02	948.20	959.28	1,007.24	840.54	936.90	1,033.35	978.42
64+	900.84	945.90	903.02	948.20	959.28	1,007.24	840.54	936.90	1,033.35	978.42

## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Market: District of Columbia Small Group

Rates Effective July 1, 2023

Appendix III-C

	1	2	3	4	5	6	7	8	9	10
	94506DC0350008	94506DC0350010	94506DC0350009	94506DC0350011	94506DC0350027	94506DC0350030	94506DC0350033	94506DC0350014	94506DC0350012	94506DC0350015
Age	KP DC Silver 1750/40/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver 3000/30/HSA/Vision	KP DC Silver DHMO Plus 1750/40/Vision	KP DC Silver Virtual Forward 3000	KP DC Standard Silver 4850/40/20%/Vision	KP DC Bronze 6000/50/HSA/Vision	KP DC Bronze 6500/55/Vision	KP DC Bronze 7000/0%/HSA/Vision
20 and Under	247.49	234.55	245.28	223.17	257.40	222.36	235.18	202.25	214.49	208.27
21	275.12	260.73	272.66	248.08	286.13	247.18	261.44	224.83	238.43	231.52
22	275.12	260.73	272.66	248.08	286.13	247.18	261.44	224.83	238.43	231.52
23	275.12	260.73	272.66	248.08	286.13	247.18	261.44	224.83	238.43	231.52
24	275.12	260.73	272.66	248.08	286.13	247.18	261.44	224.83	238.43	231.52
25	275.12	260.73	272.66	248.08	286.13	247.18	261.44	224.83	238.43	231.52
26	275.12	260.73	272.66	248.08	286.13	247.18	261.44	224.83	238.43	231.52
27	275.12	260.73	272.66	248.08	286.13	247.18	261.44	224.83	238.43	231.52
28	281.55	266.83	279.03	253.89	292.82	252.96	267.55	230.08	244.00	236.93
29	287.61	272.57	285.03	259.35	299.12	258.40	273.30	235.03	249.25	242.03
30	294.80	279.38	292.16	265.83	306.60	264.86	280.14	240.91	255.48	248.08
31	302.37	286.55	299.66	272.65	314.47	271.66	287.33	247.09	262.04	254.45
32	309.18	293.01	306.41	278.80	321.55	277.78	293.80	252.66	267.95	260.18
33	316.37	299.82	313.54	285.28	329.03	284.24	300.63	258.54	274.18	266.23
34	323.94	307.00	321.04	292.10	336.90	291.04	307.83	264.72	280.74	272.60
35	331.50	314.17	328.54	298.93	344.77	297.84	315.02	270.91	287.30	278.97
36	339.07	321.34	336.04	305.75	352.64	304.64	322.21	277.09	293.86	285.34
37	346.64	328.52	343.54	312.58	360.52	311.44	329.40	283.28	300.41	291.71
38	350.80	332.46	347.67	316.33	364.84	315.18	333.36	286.68	304.02	295.21
39	354.97	336.41	351.79	320.09	369.17	318.92	337.31	290.08	307.63	298.71
40	368.97	349.68	365.67	332.71	383.74	331.50	350.62	301.52	319.76	310.49
41	383.35	363.30	379.92	345.68	398.69	344.42	364.28	313.27	332.23	322.60
42	398.49	377.65	394.92	359.33	414.44	358.02	378.67	325.64	345.35	335.33
43	414.00	392.35	410.30	373.32	430.57	371.96	393.41	338.32	358.79	348.39
44	430.27	407.78	426.43	387.99	447.50	386.58	408.88	351.62	372.89	362.08
45	446.93	423.56	442.93	403.01	464.81	401.54	424.70	365.23	387.32	376.10
46	464.33	440.05	460.18	418.71	482.92	417.18	441.24	379.45	402.41	390.75
47	482.50	457.27	478.18	435.09	501.81	433.50	458.50	394.30	418.15	406.03
48	501.42	475.20	496.93	452.15	521.49	450.50	476.48	409.76	434.55	421.95
49	521.10	493.85	516.44	469.89	541.95	468.18	495.18	425.84	451.61	438.51
50	541.53	513.22	536.69	488.32	563.21	486.54	514.60	442.54	469.32	455.71
51	562.73	533.30	557.69	507.43	585.25	505.58	534.74	459.86	487.68	473.54
52	584.67	554.10	579.44	527.22	608.07	525.30	555.60	477.80	506.70	492.01
53	607.38	575.62	601.95	547.70	631.69	545.70	577.17	496.35	526.38	511.12
54	631.22	598.21	625.57	569.19	656.48	567.12	599.83	515.83	547.04	531.18
55	655.82	621.53	649.95	591.37	682.07	589.22	623.20	535.94	568.36	551.88
56	681.55	645.91	675.46	614.58	708.83	612.34	647.66	556.96	590.66	573.54
57	708.04	671.02	701.71	638.47	736.38	636.14	672.83	578.61	613.62	595.83
58	735.67	697.20	729.09	663.38	765.11	660.96	699.08	601.19	637.56	619.08
59	764.43	724.46	757.59	689.31	795.02	686.80	726.41	624.69	662.49	643.28
60	794.32	752.79	787.22	716.27	826.12	713.66	754.82	649.12	688.40	668.44
61	825.36	782.19	817.97	744.24	858.39	741.54	784.31	674.48	715.29	694.55
62	825.36	782.19	817.97	744.24	858.39	741.54	784.31	674.48	715.29	694.55
63	825.36	782.19	817.97	744.24	858.39	741.54	784.31	674.48	715.29	694.55
64+	825.36	782.19	817.97	744.24	858.39	741.54	784.31	674.48	715.29	694.55

## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Market: District of Columbia Small Group

Rates Effective July 1, 2023

Appendix III-D

	1	2	3	4	5	6	7
	94506DC0350035	94506DC0350034	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001
Age	Bronze 6350/20%/HSA/Visio	Bronze 7500/45/40%/Vision	Added Choice 0/10/POS/Vision	Added Choice 500/10/POS/Vision	Choice 1000/20/POS/Vision	Choice 2500/40/POS/Vision	Choice 6500/55/POS/Vision
20 and Under	197.12	209.91	352.29	339.00	299.31	264.52	228.53
21	219.12	233.34	391.62	376.84	332.72	294.05	254.04
22	219.12	233.34	391.62	376.84	332.72	294.05	254.04
23	219.12	233.34	391.62	376.84	332.72	294.05	254.04
24	219.12	233.34	391.62	376.84	332.72	294.05	254.04
25	219.12	233.34	391.62	376.84	332.72	294.05	254.04
26	219.12	233.34	391.62	376.84	332.72	294.05	254.04
27	219.12	233.34	391.62	376.84	332.72	294.05	254.04
28	224.24	238.79	400.77	385.65	340.50	300.92	259.98
29	229.07	243.93	409.39	393.94	347.83	307.39	265.57
30	234.79	250.03	419.63	403.79	356.52	315.08	272.21
31	240.82	256.44	430.40	414.16	365.68	323.17	279.20
32	246.25	262.22	440.10	423.49	373.91	330.45	285.49
33	251.97	268.32	450.33	433.34	382.61	338.13	292.13
34	258.00	274.74	461.10	443.70	391.76	346.22	299.12
35	264.03	281.16	471.88	454.07	400.92	354.31	306.11
36	270.06	287.58	482.65	464.44	410.07	362.40	313.10
37	276.09	294.00	493.43	474.81	419.22	370.49	320.09
38	279.40	297.53	499.35	480.51	424.26	374.94	323.93
39	282.72	301.06	505.28	486.21	429.29	379.39	327.77
40	293.87	312.93	525.21	505.39	446.23	394.35	340.70
41	305.32	325.13	545.68	525.08	463.62	409.72	353.98
42	317.38	337.97	567.22	545.82	481.92	425.90	367.96
43	329.74	351.13	589.31	567.07	500.69	442.48	382.29
44	342.70	364.93	612.47	589.36	520.37	459.88	397.31
45	355.96	379.05	636.17	612.17	540.51	477.67	412.69
46	369.82	393.81	660.95	636.01	561.56	496.28	428.76
47	384.29	409.22	686.81	660.89	583.53	515.69	445.53
48	399.36	425.27	713.74	686.81	606.41	535.92	463.01
49	415.03	441.96	741.75	713.76	630.21	556.95	481.18
50	431.31	459.29	770.84	741.75	654.92	578.79	500.05
51	448.19	477.26	801.01	770.78	680.55	601.44	519.61
52	465.67	495.88	832.25	800.84	707.10	624.90	539.88
53	483.75	515.14	864.57	831.95	734.56	649.17	560.85
54	502.74	535.36	898.51	864.60	763.39	674.65	582.86
55	522.33	556.22	933.52	898.29	793.14	700.94	605.58
56	542.83	578.04	970.15	933.54	824.26	728.44	629.34
57	563.93	600.51	1,007.86	969.83	856.30	756.75	653.80
58	585.93	623.94	1,047.18	1,007.67	889.71	786.28	679.31
59	608.84	648.33	1,088.12	1,047.06	924.49	817.02	705.86
60	632.65	673.69	1,130.68	1,088.01	960.64	848.97	733.47
61	657.36	700.01	1,174.85	1,130.51	998.16	882.14	762.12
62	657.36	700.01	1,174.85	1,130.51	998.16	882.14	762.12
63	657.36	700.01	1,174.85	1,130.51	998.16	882.14	762.12
64+	657.36	700.01	1,174.85	1,130.51	998.16	882.14	762.12

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Small Group**

**Rates Effective October 1, 2023  
Appendix IV-A**

	1	2	3	4	5	6	7	8	9	10
	94506DC0350001	94506DC0350023	94506DC0350016	94506DC0350002	94506DC0350017	94506DC0350031	94506DC0350004	94506DC0350018	94506DC0350005	94506DC0350019
Age	KP DC Platinum 0/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Platinum 0/10/Vision/Sel	KP DC Platinum 500/10/Vision	KP DC Platinum 500/10/Vision/Sel	Platinum 0/20/10%/Vision	KP DC Gold 0/20/Vision	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision	KP DC Gold 1000/20/Vision/Sel
20 and Under	325.84	338.87	342.14	315.82	331.61	320.78	299.59	314.56	276.88	290.72
21	362.21	376.70	380.33	351.07	368.63	356.59	333.03	349.68	307.78	323.17
22	362.21	376.70	380.33	351.07	368.63	356.59	333.03	349.68	307.78	323.17
23	362.21	376.70	380.33	351.07	368.63	356.59	333.03	349.68	307.78	323.17
24	362.21	376.70	380.33	351.07	368.63	356.59	333.03	349.68	307.78	323.17
25	362.21	376.70	380.33	351.07	368.63	356.59	333.03	349.68	307.78	323.17
26	362.21	376.70	380.33	351.07	368.63	356.59	333.03	349.68	307.78	323.17
27	362.21	376.70	380.33	351.07	368.63	356.59	333.03	349.68	307.78	323.17
28	370.68	385.51	389.22	359.28	377.25	364.92	340.82	357.85	314.98	330.73
29	378.65	393.80	397.59	367.01	385.36	372.77	348.15	365.55	321.75	337.84
30	388.12	403.64	407.53	376.18	394.99	382.09	356.85	374.69	329.80	346.28
31	398.09	414.01	417.99	385.84	405.14	391.90	366.01	384.31	338.27	355.17
32	407.05	423.33	427.41	394.53	414.26	400.73	374.26	392.97	345.89	363.18
33	416.52	433.18	437.35	403.71	423.90	410.05	382.96	402.10	353.93	371.62
34	426.48	443.54	447.81	413.36	434.04	419.86	392.12	411.72	362.40	380.51
35	436.45	453.90	458.27	423.02	444.18	429.67	401.28	421.34	370.86	389.40
36	446.41	464.27	468.74	432.68	454.32	439.48	410.45	430.96	379.33	398.29
37	456.38	474.63	479.20	442.34	464.46	449.29	419.61	440.58	387.80	407.18
38	461.86	480.33	484.95	447.65	470.04	454.68	424.65	445.87	392.46	412.07
39	467.34	486.03	490.71	452.96	475.62	460.08	429.68	451.16	397.11	416.96
40	485.77	505.20	510.07	470.83	494.38	478.23	446.63	468.96	412.78	433.41
41	504.71	524.89	529.94	489.18	513.64	496.87	464.04	487.24	428.87	450.30
42	524.64	545.62	550.87	508.50	533.93	516.49	482.36	506.48	445.80	468.08
43	545.06	566.86	572.32	528.30	554.72	536.60	501.15	526.20	463.16	486.31
44	566.49	589.14	594.81	549.06	576.52	557.69	520.84	546.88	481.36	505.42
45	588.41	611.94	617.83	570.31	598.83	579.27	541.00	568.04	499.99	524.98
46	611.33	635.78	641.90	592.52	622.15	601.83	562.07	590.17	519.46	545.43
47	635.24	660.65	667.01	615.70	646.49	625.37	584.06	613.26	539.79	566.77
48	660.15	686.56	693.17	639.85	671.85	649.90	606.96	637.31	560.95	588.99
49	686.06	713.50	720.37	664.96	698.21	675.40	630.78	662.32	582.97	612.11
50	712.97	741.48	748.62	691.03	725.59	701.89	655.52	688.29	605.83	636.11
51	740.87	770.50	777.91	718.08	753.99	729.36	681.17	715.23	629.54	661.01
52	769.76	800.55	808.26	746.09	783.40	757.81	707.74	743.12	654.09	686.79
53	799.66	831.64	839.65	775.06	813.82	787.24	735.23	771.98	679.50	713.46
54	831.05	864.28	872.60	805.48	845.76	818.14	764.09	802.28	706.17	741.47
55	863.43	897.96	906.61	836.87	878.72	850.02	793.86	833.55	733.69	770.36
56	897.31	933.20	942.18	869.71	913.20	883.37	825.01	866.25	762.47	800.59
57	932.19	969.47	978.80	903.51	948.70	917.71	857.08	899.92	792.11	831.70
58	968.56	1,007.29	1,016.99	938.76	985.71	953.51	890.52	935.04	823.02	864.16
59	1,006.42	1,046.67	1,056.75	975.46	1,024.25	990.79	925.33	971.59	855.19	897.94
60	1,045.78	1,087.61	1,098.08	1,013.61	1,064.30	1,029.54	961.52	1,009.59	888.64	933.06
61	1,086.63	1,130.10	1,140.98	1,053.21	1,105.88	1,069.76	999.09	1,049.03	923.34	969.51
62	1,086.63	1,130.10	1,140.98	1,053.21	1,105.88	1,069.76	999.09	1,049.03	923.34	969.51
63	1,086.63	1,130.10	1,140.98	1,053.21	1,105.88	1,069.76	999.09	1,049.03	923.34	969.51
64+	1,086.63	1,130.10	1,140.98	1,053.21	1,105.88	1,069.76	999.09	1,049.03	923.34	969.51

## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Market: District of Columbia Small Group

Rates Effective October 1, 2023

Appendix IV-B

	1	2	3	4	5	6	7	8	9	10
	94506DC0350025	94506DC0350028	94506DC0350006	94506DC0350020	94506DC0350021	94506DC0350022	94506DC0350029	94506DC0350026	94506DC0350024	94506DC0350032
Age	KP DC Gold 1500/20/Vision	KP DC Gold 1500/20/Vision/Sel	KP DC Gold 1700/0%/HSA/Vision	1700/0%/HSA/Vision /Sel	KP DC Gold 500/20/Vision	KP DC Gold 500/20/Vision/Sel	KP DC Gold Virtual Complete 2000	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Standard Gold 500/25/20%/Vision
20 and Under	271.63	285.21	272.28	285.90	289.25	303.70	253.44	282.49	311.57	295.02
21	301.95	317.05	302.67	317.82	321.53	337.60	281.73	314.03	346.35	327.95
22	301.95	317.05	302.67	317.82	321.53	337.60	281.73	314.03	346.35	327.95
23	301.95	317.05	302.67	317.82	321.53	337.60	281.73	314.03	346.35	327.95
24	301.95	317.05	302.67	317.82	321.53	337.60	281.73	314.03	346.35	327.95
25	301.95	317.05	302.67	317.82	321.53	337.60	281.73	314.03	346.35	327.95
26	301.95	317.05	302.67	317.82	321.53	337.60	281.73	314.03	346.35	327.95
27	301.95	317.05	302.67	317.82	321.53	337.60	281.73	314.03	346.35	327.95
28	309.01	324.46	309.75	325.25	329.05	345.50	288.32	321.37	354.45	335.62
29	315.65	331.44	316.41	332.24	336.13	352.93	294.52	328.28	362.07	342.83
30	323.54	339.72	324.32	340.55	344.53	361.75	301.88	336.49	371.13	351.40
31	331.85	348.45	332.65	349.29	353.38	371.04	309.63	345.13	380.65	360.43
32	339.32	356.30	340.14	357.16	361.34	379.40	316.61	352.90	389.23	368.55
33	347.22	364.58	348.05	365.47	369.74	388.22	323.97	361.11	398.28	377.12
34	355.52	373.30	356.38	374.21	378.59	397.51	331.72	369.75	407.81	386.14
35	363.83	382.03	364.71	382.95	387.43	406.80	339.47	378.39	417.34	395.16
36	372.14	390.75	373.03	391.70	396.28	416.09	347.22	387.03	426.87	404.18
37	380.44	399.47	381.36	400.44	405.12	425.37	354.97	395.67	436.40	413.20
38	385.01	404.27	385.94	405.25	409.99	430.48	359.24	400.42	441.64	418.17
39	389.58	409.07	390.52	410.06	414.85	435.59	363.50	405.17	446.88	423.13
40	404.95	425.20	405.92	426.23	431.22	452.77	377.84	421.15	464.50	439.82
41	420.73	441.77	421.74	442.84	448.02	470.42	392.56	437.56	482.61	456.96
42	437.34	459.22	438.40	460.33	465.71	488.99	408.06	454.84	501.66	475.00
43	454.37	477.10	455.47	478.25	483.85	508.03	423.95	472.55	521.20	493.50
44	472.23	495.85	473.37	497.05	502.86	528.00	440.62	491.13	541.68	512.90
45	490.50	515.04	491.69	516.29	522.32	548.43	457.67	510.13	562.64	532.75
46	509.61	535.10	510.84	536.39	542.67	569.79	475.49	530.00	584.56	553.50
47	529.55	556.03	530.82	557.38	563.90	592.09	494.10	550.73	607.43	575.15
48	550.31	577.84	551.64	579.24	586.01	615.30	513.47	572.33	631.25	597.70
49	571.91	600.51	573.29	601.97	609.01	639.45	533.62	594.79	656.02	621.16
50	594.34	624.06	595.77	625.58	632.89	664.53	554.55	618.12	681.75	645.52
51	617.60	648.49	619.08	650.06	657.66	690.53	576.25	642.31	708.43	670.78
52	641.69	673.78	643.23	675.41	683.31	717.47	598.73	667.36	736.06	696.94
53	666.61	699.95	668.21	701.64	709.85	745.33	621.98	693.28	764.64	724.01
54	692.77	727.42	694.44	729.18	737.71	774.59	646.39	720.49	794.66	752.43
55	719.77	755.77	721.50	757.60	766.46	804.77	671.58	748.57	825.63	781.75
56	748.01	785.42	749.81	787.32	796.53	836.35	697.93	777.94	858.02	812.43
57	777.08	815.95	778.95	817.93	827.49	868.86	725.06	808.18	891.37	844.00
58	807.40	847.79	809.35	849.84	859.78	902.76	753.35	839.71	926.15	876.93
59	838.97	880.93	840.99	883.06	893.39	938.05	782.80	872.54	962.36	911.22
60	871.78	915.38	873.88	917.60	928.33	974.73	813.42	906.66	999.99	946.85
61	905.84	951.14	908.01	953.45	964.59	1,012.80	845.19	942.08	1,039.05	983.84
62	905.84	951.14	908.01	953.45	964.59	1,012.80	845.19	942.08	1,039.05	983.84
63	905.84	951.14	908.01	953.45	964.59	1,012.80	845.19	942.08	1,039.05	983.84
64+	905.84	951.14	908.01	953.45	964.59	1,012.80	845.19	942.08	1,039.05	983.84



## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Market: District of Columbia Small Group

Rates Effective October 1, 2023

Appendix IV-C

	1	2	3	4	5	6	7	8	9	10
	94506DC0350008	94506DC0350010	94506DC0350009	94506DC0350011	94506DC0350027	94506DC0350030	94506DC0350033	94506DC0350014	94506DC0350012	94506DC0350015
Age	KP DC Silver 1750/40/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver 3000/30/HSA/Vision	KP DC Silver DHMO Plus 1750/40/Vision	KP DC Silver Virtual Forward 3000	KP DC Standard Silver 4850/40/20%/Vision	KP DC Bronze 6000/50/HSA/Vision	KP DC Bronze 6500/55/Vision	KP DC Bronze 7000/0%/HSA/Vision
20 and Under	248.86	235.85	246.64	224.41	258.82	223.59	236.48	203.37	215.67	209.42
21	276.64	262.17	274.16	249.46	287.71	248.55	262.88	226.07	239.75	232.80
22	276.64	262.17	274.16	249.46	287.71	248.55	262.88	226.07	239.75	232.80
23	276.64	262.17	274.16	249.46	287.71	248.55	262.88	226.07	239.75	232.80
24	276.64	262.17	274.16	249.46	287.71	248.55	262.88	226.07	239.75	232.80
25	276.64	262.17	274.16	249.46	287.71	248.55	262.88	226.07	239.75	232.80
26	276.64	262.17	274.16	249.46	287.71	248.55	262.88	226.07	239.75	232.80
27	276.64	262.17	274.16	249.46	287.71	248.55	262.88	226.07	239.75	232.80
28	283.11	268.30	280.58	255.29	294.44	254.36	269.03	231.36	245.35	238.24
29	289.20	274.07	286.61	260.78	300.77	259.83	274.81	236.33	250.63	243.36
30	296.43	280.93	293.78	267.30	308.29	266.32	281.68	242.24	256.90	249.45
31	304.04	288.14	301.32	274.16	316.21	273.16	288.92	248.46	263.49	255.85
32	310.89	294.63	308.11	280.34	323.33	279.32	295.42	254.06	269.43	261.62
33	318.12	301.48	315.27	286.86	330.85	285.81	302.30	259.96	275.69	267.70
34	325.73	308.69	322.81	293.72	338.76	292.65	309.53	266.18	282.29	274.11
35	333.34	315.91	330.36	300.58	346.68	299.49	316.76	272.40	288.88	280.51
36	340.95	323.12	337.90	307.44	354.59	306.32	323.99	278.62	295.48	286.91
37	348.56	330.33	345.44	314.31	362.51	313.16	331.22	284.84	302.08	293.32
38	352.74	334.30	349.59	318.08	366.86	316.92	335.20	288.26	305.70	296.84
39	356.93	338.27	353.74	321.86	371.22	320.68	339.18	291.68	309.33	300.36
40	371.01	351.61	367.69	334.55	385.86	333.33	352.56	303.19	321.53	312.21
41	385.47	365.31	382.02	347.59	400.90	346.32	366.30	315.01	334.06	324.38
42	400.69	379.74	397.11	361.32	416.73	360.00	380.76	327.44	347.26	337.19
43	416.29	394.52	412.57	375.38	432.95	374.02	395.59	340.19	360.78	350.32
44	432.65	410.03	428.78	390.14	449.97	388.72	411.14	353.56	374.96	364.09
45	449.40	425.90	445.38	405.24	467.38	403.76	427.05	367.25	389.47	378.18
46	466.90	442.49	462.72	421.02	485.59	419.49	443.68	381.55	404.64	392.91
47	485.17	459.80	480.83	437.49	504.58	435.90	461.04	396.48	420.47	408.28
48	504.19	477.83	499.68	454.65	524.37	452.99	479.12	412.03	436.95	424.29
49	523.98	496.58	519.29	472.49	544.95	470.77	497.92	428.20	454.10	440.94
50	544.53	516.05	539.66	491.02	566.32	489.23	517.45	444.99	471.91	458.23
51	565.84	536.25	560.77	510.23	588.48	508.38	537.69	462.40	490.38	476.16
52	587.91	557.16	582.65	530.14	611.44	528.20	558.67	480.44	509.51	494.74
53	610.74	578.80	605.27	550.72	635.18	548.72	580.36	499.10	529.29	513.95
54	634.71	601.52	629.03	572.34	660.11	570.26	603.14	518.69	550.07	534.12
55	659.45	624.96	653.55	594.64	685.84	592.48	626.65	538.90	571.50	554.94
56	685.32	649.48	679.19	617.98	712.75	615.73	651.24	560.04	593.93	576.71
57	711.96	674.73	705.59	642.00	740.45	639.66	676.55	581.81	617.01	599.13
58	739.74	701.05	733.12	667.05	769.34	664.61	702.94	604.51	641.09	622.50
59	768.66	728.46	761.78	693.12	799.42	690.60	730.43	628.14	666.15	646.84
60	798.72	756.95	791.57	720.23	830.68	717.61	758.99	652.71	692.20	672.14
61	829.92	786.51	822.48	748.37	863.13	745.64	788.64	678.21	719.24	698.39
62	829.92	786.51	822.48	748.37	863.13	745.64	788.64	678.21	719.24	698.39
63	829.92	786.51	822.48	748.37	863.13	745.64	788.64	678.21	719.24	698.39
64+	829.92	786.51	822.48	748.37	863.13	745.64	788.64	678.21	719.24	698.39

## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Market: District of Columbia Small Group

Rates Effective October 1, 2023

Appendix IV-D

	1	2	3	4	5	6	7
	94506DC0350035	94506DC0350034	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001
Age	Bronze 6350/20%/HSA/Visio	Bronze 7500/45/40%/Vision	Added Choice 0/10/POS/Vision	Added Choice 500/10/POS/Vision	Choice 1000/20/POS/Vision	Choice 2500/40/POS/Vision	Choice 6500/55/POS/Vision
20 and Under	198.21	211.07	354.24	340.87	300.97	265.98	229.80
21	220.33	234.63	393.78	378.92	334.56	295.67	255.45
22	220.33	234.63	393.78	378.92	334.56	295.67	255.45
23	220.33	234.63	393.78	378.92	334.56	295.67	255.45
24	220.33	234.63	393.78	378.92	334.56	295.67	255.45
25	220.33	234.63	393.78	378.92	334.56	295.67	255.45
26	220.33	234.63	393.78	378.92	334.56	295.67	255.45
27	220.33	234.63	393.78	378.92	334.56	295.67	255.45
28	225.48	240.11	402.99	387.78	342.39	302.59	261.42
29	230.33	245.28	411.66	396.12	349.75	309.09	267.04
30	236.09	251.41	421.95	406.02	358.49	316.82	273.72
31	242.15	257.86	432.78	416.45	367.70	324.95	280.74
32	247.61	263.67	442.53	425.83	375.98	332.27	287.07
33	253.37	269.80	452.82	435.73	384.73	340.00	293.75
34	259.43	276.26	463.65	446.16	393.93	348.14	300.77
35	265.49	282.71	474.49	456.58	403.13	356.27	307.80
36	271.55	289.17	485.32	467.01	412.34	364.40	314.83
37	277.61	295.62	496.15	477.43	421.54	372.54	321.86
38	280.95	299.17	502.11	483.16	426.60	377.01	325.72
39	284.28	302.72	508.07	488.90	431.67	381.49	329.59
40	295.49	314.66	528.11	508.18	448.69	396.53	342.59
41	307.01	326.93	548.69	527.99	466.18	411.99	355.94
42	319.13	339.84	570.36	548.84	484.59	428.26	369.99
43	331.56	353.07	592.57	570.21	503.46	444.93	384.40
44	344.59	366.95	615.86	592.62	523.25	462.42	399.51
45	357.93	381.15	639.69	615.55	543.49	480.31	414.97
46	371.87	395.99	664.61	639.53	564.66	499.02	431.13
47	386.41	411.48	690.61	664.55	586.75	518.54	448.00
48	401.57	427.62	717.69	690.61	609.76	538.88	465.57
49	417.33	444.40	745.86	717.71	633.69	560.03	483.84
50	433.69	461.83	775.10	745.85	658.54	581.99	502.81
51	450.67	479.90	805.44	775.04	684.31	604.76	522.49
52	468.24	498.62	836.85	805.27	711.01	628.35	542.87
53	486.43	517.98	869.35	836.55	738.62	652.76	563.95
54	505.52	538.32	903.48	869.38	767.61	678.38	586.09
55	525.22	559.29	938.68	903.26	797.52	704.81	608.92
56	545.83	581.24	975.52	938.70	828.82	732.47	632.82
57	567.04	603.83	1,013.43	975.19	861.03	760.94	657.41
58	589.17	627.39	1,052.97	1,013.24	894.63	790.63	683.06
59	612.20	651.92	1,094.14	1,052.85	929.60	821.54	709.77
60	636.14	677.41	1,136.93	1,094.02	965.96	853.67	737.53
61	660.99	703.88	1,181.34	1,136.76	1,003.68	887.01	766.34
62	660.99	703.88	1,181.34	1,136.76	1,003.68	887.01	766.34
63	660.99	703.88	1,181.34	1,136.76	1,003.68	887.01	766.34
64+	660.99	703.88	1,181.34	1,136.76	1,003.68	887.01	766.34

<b>SERFF Tracking #:</b>	KPMA-133222198	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	2023 DC Small Group		
<b>Project Name/Number:</b>	/		

## URRT

### State Determination

<b>Review Status:</b>	Incomplete
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<b>SERFF Tracking #:</b>	KPMA-133222198	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	2023 DC Small Group		
<b>Project Name/Number:</b>	/		

## URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	<i>2023_URRT_DC_Small_Group_20220429154317.xml</i>
Actuarial Memorandum	<i>2023_URRT_DC_Small_Group_20220429.pdf</i>
Actuarial Memorandum - Redacted	<i>2023_DC_Small_Group_Actuarial_Memorandum.pdf</i>
Consumer Justification Narrative	<i>2023_DC_Small_Group_Part_II_Justification_Plain_Language_Summary_20220429.pdf</i>

<b>SERFF Tracking #:</b>	KPMA-133222198	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	2023 DC Small Group		
<b>Project Name/Number:</b>	/		

***Attachment 2023\_URRT\_DC\_Small\_Group\_20220429154317.xml is not a PDF document and cannot be reproduced here.***

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Unified Rate Review v5.4

Company Legal Name:Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

HIOS Issuer ID:94506

Effective Date of Rate Change(s):1/1/2023

State:DC

Market:Small Group

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

To validate, select the Validate button or Ctrl + Shift + I.

To finalize, select the Finalize button or Ctrl + Shift + F.

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:1/1/2021to12/31/2021

TotalPMPM

Allowed Claims	\$21,886,227.00	\$417.64
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$20,418,175.00	\$389.63
Risk Adjustment	-\$4,319,047.00	-\$82.42
Experience Period Premium	\$23,042,743.00	\$439.71
Experience Period Member Months	52,404	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$107.30	1.005	1.013	1.005	1.013	\$111.21
Outpatient Hospital	\$57.84	1.041	0.989	1.041	0.989	\$61.31
Professional	\$183.89	1.017	0.990	1.017	0.990	\$186.41
Other Medical	\$41.58	1.012	1.001	1.012	1.001	\$42.67
Capitation	\$1.76	1.000	1.000	1.000	1.000	\$1.76
Prescription Drug	\$87.36	1.048	1.011	1.048	1.011	\$98.07
Total	\$479.73					\$501.43

Morbidity Adjustment	1.003
Demographic Shift	1.018
Plan Design Changes	1.000
Other	1.000
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2023	\$511.99
Manual EHB Allowed Claims PMPM	\$0.00
Applied Credibility %	100.00%

Projected Period Totals

Projected Index Rate for 1/1/2023	\$511.99	\$29,275,076.21
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	-\$84.37	-\$4,824,192.23
Exchange User Fees	0.83%	\$285,392.69
Market Adjusted Index Rate	\$601.35	\$34,384,661.13

Projected Member Months	57,179
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Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

### Product-Plan Data Collection

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
HCO Issuer ID:	96506
Effective Date of Rate Change(s):	1/1/2025

State: DC  
Market: Small Group

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + R.

[illegible]

Rating Area Data Collection

Specify the total number of Rating  
Select only the Rating Areas you are  
To validate, select the Validate button  
To finalize, select the Finalize button

Rating Area	Rating Factor
Rating Area 1	1.0000



*Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.  
re offering plans within and add a factor for each area.  
tton or Ctrl + Shift + I.  
on or Ctrl + Shift + F.*

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**District of Columbia - 2023 Small Group Rate Filing**

**Part III – Actuarial Memorandum and Certification**

**Form Numbers:**

DC-SG-PLATINUM-0-10-VISION-HMO-COST(01-23)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-RX(01-23)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-COST(01-23)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-RX(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-0-10-POS-VISION-COST(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-0-10-VISION-POS-RX(01-23)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-COST(01-23)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-RX(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-500-10-POS-VISION-COST(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-500-10-VISION-POS-RX(01-23)HIX, DC-SG-GOLD-0-20-VISION-HMO-COST(01-23)HIX, DC-SG-GOLD-0-20-VISION-HMO-RX(01-23)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-COST(01-23)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-RX(01-23)HIX, DC-SG-GOLD-500-20-VISION-DHMO-COST(01-23)HIX, DC-SG-GOLD-500-20-VISION-DHMO-RX(01-23)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-COST(01-23)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-RX(01-23)HIX, DC-SG-GOLD-ADDED-CHOICE-1000-20-POS-VISION-COST(01-23)HIX, DC-SG-GOLD-ADDED-CHOICE-1000-20-VISION-POS-RX(01-23)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-COST(01-23)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-RX(01-23)HIX, DC-SG-GOLD-VIRTUAL-FORWARD-2000-DHMO-COST(01-23)HIX, DC-SG-GOLD-VIRTUAL-FORWARD-2000-DHMO-RX(01-23)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-COST(01-23)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-RX(01-23)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-SILVER-1750-40-VISION-DHMO-COST(01-23)HIX, DC-SG-SILVER-1750-40-VISION-DHMO-RX(01-23)HIX, DC-SG-SILVER-1750-40-DHMOPLUS-VISION-COST(01-23)HIX, DC-SG-SILVER-1750-40-DHMOPLUS-VISION-RX(01-23)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-COST(01-23)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-RX(01-23)HIX, DC-SG-SILVER-VIRTUAL-FORWARD-3000-DHMO-COST(01-23)HIX, DC-SG-SILVER-VIRTUAL-FORWARD-3000-DHMO-RX(01-23)HIX, DC-SG-SILVER-ADDED-CHOICE-2500-40-POS-VISION-COST(01-23)HIX, DC-SG-SILVER-ADDED-CHOICE-2500-40-VISION-POS-RX(01-23)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-COST(01-23)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-RX(01-23)HIX, DC-SG-BRONZE-ADDED-CHOICE-6500-55-POS-VISION-COST(01-23)HIX, DC-SG-BRONZE-ADDED-CHOICE-6500-55-VISION-POS-RX(01-23)HIX, DC-SG-BRONZE-6000-50-20%-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-BRONZE-6000-50-20%-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-STANDARD-PLATINUM-0-20-10%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-PLATINUM-0-20-10%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-GOLD-500-25-20%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-GOLD-500-25-20%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-SILVER-4850-40-20%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-SILVER-4850-40-20%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-BRONZE-7500-45-40%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-BRONZE-7500-45-40%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-BRONZE-6350-20%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-BRONZE-6350-20%-VISION-HMO-RX(01-23)HIX, DC-SG-PED-DENTAL(01-23)HIX, DC-SG-PED-DENTAL-FEE(01-23), DC-SG-PED-STD-PLAT-SILVER-GOLD-FEE(01-23)HIX, DC-SG-PED-STD-BRONZE-FEE(01-23)HIX

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**District of Columbia - 2023 Small Group Rate Filing**  
**Part III – Actuarial Memorandum and Certification**

**1. Purpose**

This document contains the Part III Actuarial Memorandum for Kaiser Foundation Health Plan (“KFHP”) of the Mid-Atlantic States’ Small Group business segment rates in the District of Columbia, with effective dates during 2023. Rates are guaranteed for 12 months starting on a Small Group’s effective date. These products are offered on the District of Columbia Marketplace (“the Exchange.”) This rate filing applies to new and renewal business on a guaranteed issue basis with no age limitations. This filing does not cover grandfathered products that existed prior to 2023. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (“URRT”) and is in compliance with 45 CFR § 156.215. The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I URRT. This memorandum may not be appropriate for other purposes.

All products offered are comprehensive medical plans and range from no-deductible HMO style plans to high-deductible Health Savings Account (“HSA”) qualified plans as well as Point of Service style plans. All products include pediatric dental benefits and cover all required Essential Health Benefits (“EHBs”).

**2. General Information Section**

**Company Identifying Information**

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
State:	District of Columbia
HIOS Issuer ID:	94506
Market:	Small Group Market On Exchange
Effective Date:	January 1, 2023

**Company Contact Information**

Primary Contact Name:	Ky Le
Primary Contact Telephone Number:	301-816-5852
Primary Contact Email Address:	<a href="mailto:Ky.T.Le@kp.org">Ky.T.Le@kp.org</a>

Secondary Contact Name:	Robert Stoddart
Secondary Contact Telephone Number:	801-857-5604
Secondary Contact Email Address:	<a href="mailto:Robert.X.Stoddart@kp.org">Robert.X.Stoddart@kp.org</a>

**3. Proposed Rate Changes**

All current benefit plans are renewing in 2023. Additionally, this filing includes the introduction of five new Standard plans that are the same as those offered for Individual plans.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**District of Columbia - 2023 Small Group Rate Filing**  
**Part III – Actuarial Memorandum and Certification**

Primary factors that affect the rate change for the renewing plans are:

- Claims experience of the single risk pool different than projected in the previous year.
- Increases in medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value (“AV”) requirements which results in varying rate changes by plan.
- Federal and District taxes and fees.

The proposed average rate change is 11.0%. The average rate change does not indicate that every member’s rate will change by this amount as rates are affected by the ages of those covered and benefits chosen.

Proposed rates by plan can be found in the Appendix.

#### **4. Market Experience**

##### **4.1. Experience and Current Period Premium, Claims and Enrollment**

###### ***Premium***

Data for experience period and current period premiums through February 2022 is pulled from KFHP’s data base which reflects premiums paid by policy holders. No MLR rebates were required for the experience period.

###### ***Claims***

The experience period claims for the Individual and Small Group single risk pool are shown in Exhibit 2.

The claims data is for the incurred period January 2021 through December 2021 and paid through February 2022, including estimates for incurred but not reported claims. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, capitations and prescription drug claims net of drug rebates are aggregated to determine annual claims. Allowed claims are calculated based on system paid claims divided by the experience period paid benefit to allowed ratio expected for the plans offered in the experience period plus dental capitations.

Incurred but not reported estimates for non-capitated services are developed using the completion factor method consistent with KFHP’s monthly reserve estimate process. The completion factors are based on all commercial claims which includes Individual, Small

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**District of Columbia - 2023 Small Group Rate Filing**  
**Part III – Actuarial Memorandum and Certification**

Group and Large Group business segments. Except for capitated expenses, all claims are processed by KFHP's internal systems. Capitated expenses are based on a monthly contractual PMPM amount paid to the vendor. Capitated and non-capitated expenses are shown separately in Exhibit 2.

***Enrollment***

Experience period and current period enrollment evaluated as of 3/31/2022 is pulled from KFHP's member data base. Experience period member months can be found on Exhibit 2.

**4.2. Benefit Categories**

Claims are assigned to one of the following benefit service categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation and Prescription Drugs. The categorization is derived from each claim's specific information on services rendered, the location of service, and the type of provider. The categorization is an automated process within KFHP's data warehouse. Examples of services by benefit category include:

<b>Benefit Category</b>	<b>Services</b>
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Dental
Prescription Drug	Pharmacy

**4.3. Projection Factors**

**4.3.1 Trend Factors**

Projected trend factors are based on a mixture of expected industry trends, future fixed costs, and expected internalization of services, i.e., movement of medical care delivery between contracted external providers and our integrated delivery system. As an integrated health care provider, the majority of KFHP's expenses are the internal costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected cost that is included in our total revenue requirement is primarily based on budgeting.

For traditional carriers, projected cost per service and utilization per member trends are developed to project expected future costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends largely stem from the development of budgeted costs for the rating year. For the period from 2021 to 2023, our projected total annualized medical expense trend for the ACA market is 2.2%.

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Exhibit 4 includes an allocation of trend into cost and utilization service categories which is derived for use in the URRT.

**4.3.2 Adjustments to Trended EHB Allowed Claims PMPM**

***Morbidity Adjustment***

For the rating period, morbidity for enrollees overall is expected to be similar to the morbidity of members in the experience period data. The expected relative cost of new members coming into the pool is expected to be lower than the cost of continuously enrolled members. A net morbidity factor reflecting the relative difference in cost is applied to projected claims weighted by the expected member months in each cohort. Development of this factor is shown in Exhibit 5.

***Demographic Shift***

Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the District of Columbia (“DC”) standard age curve to experience period member months. The same calculation is performed for projected rating period membership, which is based on actual KFHP enrolled members for the current period adjusted for expected distribution changes in the rating period. The projected age factor used is the closest rounded-age factor from the DC standard age curve. The projected allowed claims are then multiplied by the change in the average age factor from the experience to the rating period. The development of the average age factor is shown in Exhibit 6.

**Network**

There are no changes to network factors. The change in average network factor shown in Exhibit 7 is due solely to member mix change by product type.

***Plan Design Changes***

All plans have cost sharing in the rating period that generates different levels of utilization adjustments when compared with the experience period plans. The net impact is reflected as the change in average utilization for the pool in Exhibit 8. This is calculated by dividing the average utilization adjustment in the projection period by the base period average utilization. Changes from the experience period to the projection period may include, but is not limited to, updates to Kaiser’s benefit factor rating model and member mix changes across plans in the projection period compared to the experience period.

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***Other Adjustments***

No adjustments or factors, other than those previously discussed in this section, have been used to project the experience period allowed claims to the projection period.

**4.3.3 Manual Rate Adjustments**

KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

**4.3.4 Credibility of Experience**

KFHP had approximately 87,000 covered lives in the single risk pool for the experience period, which is considered fully credible. Actuarial Standard of Practice #25 was considered when making this determination.

**4.3.5 Establishing the Index Rate**

The experience period data includes claims for non-EHBs. Claims for non-EHBs were removed from the allowed amount by applying the experience period ratio of EHB claims to total claims to the experience period allowed amounts. The non-EHB removal ratio is shown in Exhibit 9.

**4.3.6 Development of the Market-wide Adjusted Index Rate (“MAIR”)**

Calculation of the MAIR is shown on Exhibit 1. The factors used in the calculation, e.g. demographic adjustment, are described above and in the section immediately below.

**Paid to Allowed Ratio**

The projected 2023 paid to allowed ratio is calculated as the average effective plan design factor. The average plan design accounts for the projected member distribution across the available plans.

**Reinsurance**

Reinsurance is currently not applicable.

**Risk Adjustment**

KFHP’s experience period risk adjustment transfer for the Small Group pool is estimated to be (\$82.42) PMPM. The projected risk adjustment transfer of (\$78.12) PMPM is based on expected experience period results by metal tier projected to the rating year and including

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the results from the 2020 Risk Adjustment Data Validation audit. There is no expected impact related to the Federal High Cost Risk Pool.

Exhibit 10 shows KFHP's experience period and projection period risk adjustment transfers which could include the impact of CMS changes to the risk adjustment transfer formula. The experience period transfer estimate is based on an ongoing study by a third-party consulting firm. The projected transfer PMPMs by metal level are adjusted for assumed risk scores for continuing and future new members entering the pool vs experience period risk scores. Anticipated market average premium increases and projected KFHP enrollment mix between metal levels also impacts the overall average transfer PMPM.

**Exchange User Fees**

DC's Annual Assessment amount is the basis for the Exchange User Fee Factor used in Exhibit 1.

**4.4. Plan Adjusted Index Rate ("PAIR")**

Allowable plan level modifiers are applied to the MAIR to develop PAIRs which are shown on Exhibit 12. Allowable adjustments used in rate development include the following:

**Non-EHB Adjustment**

Rating period non-EHB covered benefits are added back to plan rates as a multiplier when calculating the Plan Adjusted Index Rate for each plan. Development of the non-EHB multiplier is shown in Exhibit 9.

**Plan Level Adjustments**

An adjustment accounting for differences in network, if applicable, is applied at the plan level. Network adjustments, shown on Exhibit 7, are unchanged from prior years.

Plan level benefit richness factors were developed using a consultant's Managed Care Rating Model calibrated with Kaiser-specific data. The factors are applied based on the expected utilization by plan normalized to the overall pool.

Additionally, plan design adjustments accounting for differences in cost sharing between plans have been developed using the same consultant's Managed Care Rating Model calibrated with Kaiser-specific data.

**Catastrophic Plan Adjustment**

There are no Catastrophic Plans available in the Small Group pool.



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**Retention (Administrative Expense, Taxes & Fees, Profit & Risk Margin)**

Retention amounts for the experience period and rating period are shown on Exhibit 11. Projected retention is added uniformly across all plans.

**4.5. Calibration**

Calibration of the Plan Adjusted Index Rates is necessary in order to calculate Consumer Adjusted Premium Rates. The Plan Adjusted Index Rates are developed for the average member within the Single Risk Pool. Based upon the allowable rating parameters, factors are developed to calibrate the Plan Adjusted Index Rates to generate Consumer Adjusted Premium Rates. The calibrated Plan Adjusted Index Rates have been defined as Base Rates, and the calibration factors are applied uniformly to all plans in the single risk pool.

**Age Curve Calibration**

The determination of the calibration factor is based upon the DC Standard Age Curve and KFHP internal current period enrollment data. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted DC age factors. The projected age factor used is the interpolated age factor from the DC standard age curve. The Plan Adjusted Index Rates are then multiplied by the ratio of the age 21 factor and the projected age factor to adjust to rates for an individual aged 21. This ratio, or calibration factor, is 0.689. The development of the average age and calibration factors is shown in Exhibit 6.

**Area Factor Calibration**

KFHP does not vary rates by rating area, therefore the area calibration factor is 1.00.

**4.6. Consumer Adjusted Premium Rate Development**

Age 21 Plan Adjusted Index Rates are shown on Exhibit 12. The base rates are adjusted using the DC age slope factors on Exhibit 6 to generate age specific rates. The age slope factor for a member is based on the member's age as of the effective date of coverage and remains unchanged for the remainder of the policy period. Where applicable, a quarterly rate adjustment is applied depending on the quarter of the policy's effective date. Quarterly rate factors are shown on Exhibit 13. Note that only the three oldest children under the age of 21 on a family policy are rated.

**5. Projected Loss Ratio**

Exhibit 14 provides an estimate of the Medical Loss Ratio (MLR) based upon assumptions in this rate filing for the projection year for the specific line of business pool and for the combined Small Group and Individual line of business pools. The combined MLR is expected to be about 110%.

**Federal Medical Loss Ratio**

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Using the federally prescribed methodology, we project the combined loss ratio to be about 113%.

**6. Plan Product Information**

**6.1. Actuarial Value (“AV”) Metal Values**

The AV Metal Values were developed based on the CMS Actuarial Value calculator, as all plans’ designs were compatible with the calculator. The Federal AVs are shown on the AV screen shots submitted in the Supporting Documentation section in SERFF.

**AV Pricing Values/Allowable Plan Level Adjustments**

Per the URRT Instructions, the Allowable Plan Level Adjustments include plan specific adjustment factors for the Cost-Sharing Design of each plan in addition to the EHBs, and administrative costs. The effective plan design adjustment components of the plan level adjustments are calculated using a proprietary pricing model, including model updates, data reflecting a standard population, and KFHP specific data. The cost share and model changes have varying effects on each plan design which leads to non-uniform rate changes between plans. The pricing method is consistent across all plans and does not include any utilization differences due to differing health status of members in different cost-sharing designs.

The AV pricing values, i.e., plan design factors for 2023 plans have changed due to routine updates to the pricing model and/or changes to cost sharing amounts. These changes can have different effects on each plan design, which leads to non-uniform rate changes between the plans.

**6.2. Membership Projections**

Current year member projections are based on current year open enrollment results and expected adds and cancellations occurring throughout the remainder of the year. Rating year member projections are based on KFHP forecasts.

**6.3. Plan Type**

There are no plan types that are not listed in the Worksheet 2 drop-down box.

**7. Miscellaneous**

**7.1. Reliance**

All data and assumptions contained in this filing were prepared by a team of KFHP employees.

**7.2. Historical Rate Revisions Effective January 1**

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2018	5.0%
2019	0.0%
2020	3.0%
2021	0.0%
2022	-3.0%

**7.3. Estimated Average Premium**

Estimated average premiums per member and per policy for the current year and projection year are shown below. The projected premium includes the requested rate increase as well as the impact of expected membership changes between products.

	Per Member Per Year	Per Policy Per Year
Current Year	\$5,225	\$7,786
Projection Year	\$5,799	\$8,643

**7.4. Exhibit Table of Contents**

Exhibit 1	Market Index Rate
Exhibit 2	Allowed Claim PMPMs
Exhibit 3	Capitations
Exhibit 4	Trend Factors
Exhibit 5	Morbidity Factor
Exhibit 6	Demographics
Exhibit 7	Network Factor
Exhibit 8	Utilization Adjustment
Exhibit 9	Non-Essential Health Benefit Adjustments
Exhibit 10	Risk Adjustment Projection
Exhibit 11	Retention
Exhibit 12	Plan Adjusted Index Rate
Exhibit 13	Quarterly Renewal Factors
Exhibit 14	Projected Medical Loss Ratio
Exhibit 15	Cost Share Reduction Subsidy Non-Funding Impact
Appendix 1	First Quarter Plan Rates by Age
Appendix 2	Second Quarter Plan Rates by Age
Appendix 3	Third Quarter Plan Rates by Age
Appendix 4	Fourth Quarter Plan Rates by Age

**Actuarial Certification**

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
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I, Robert Stoddart, Sr. Valuation Manager, Mid-Atlantic States, for Kaiser Foundation Health Plan (KFHP), am a member in good standing of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This Actuarial Certification applies to the attached filing for an approval of premium rates for Individual plans sold on the Exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates effective January 2023.

- To the best of my knowledge and judgment, this rate filing is compliant with all applicable District of Columbia and Federal Statutes and Regulations, including 45 CFR §156.80 and §147.102, and the premiums are reasonable in relation to the benefits provided.
- Rates are developed in accordance with 45 CFR part 147.102 and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and §156.80(d)(2) were used to generate plan level rates.
- The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a medical loss ratio that, under ACA definitions, meets or exceeds the minimum requirement.

Rates, calculations and values were developed accordance with generally accepted actuarial principles and methodologies for rating blocks of business and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans (Small Group Filings only)
- ASOP No. 41, Actuarial Communications
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

Qualifications:

1. The URRT does not demonstrate the process used by KFHP to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

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2. The information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of April 29, 2022. Changes to the applicable regulations, including but not limited to Risk Stabilization programs could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates unacceptably deficient and would necessitate revisions to this filing.
3. While the filed rates are neither excessive nor unfairly discriminatory, KFHP leadership has targeted increased affordability resulting in rates that have a negative expected margin. However, KFHP's business plan calls for positive overall margin which would support the expected results on this line of business and provide a buffer for adverse deviation.



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Robert Stoddart, FSA, MAAA  
Sr. Valuation Manager  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
April 29, 2022

## Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company Kaiser Foundation Health Plan of the Mid-Atlantic

SERFF tracking number KPMA-133222198

Submission Date April 29, 2022

Product Name Small Group

Market Type ☐ Individual ☒ Small Group

Rate Filing Type ☒ Rate Increase ☐ New Filing

### Scope and Range of the Increase:

The 11.0% increase is requested because:

Primary factors affecting the rate change are:

- Claims experience of the single risk pool different than projected in the previous year.
- Increases in medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value ("AV") requirements which results in varying rate changes by plan.

This filing will impact:

# of policyholder's 3074

# of covered lives 4581

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 11.0 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 8.2 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 13.4 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Individual increases vary from the average rate change primarily due to plan specific rate changes and recognition that a member is a year older.

### Financial Experience of Product

The overall financial experience of the product includes:

For the 2021 experience period, Kaiser lost \$5.5 million dollars on \$23 million dollars of premium on the Small Group pool. This is equivalent to a margin of -23.7%. The estimated net medical expense and risk adjustment incurred is \$24.7 million dollars. Other estimated expenses for administration, taxes and fees are \$3.8 million.

The rate increase will affect the projected financial experience of the product by:

The proposed rate change combined with anticipated changes in medical expense, administration, taxes and fees is expected to result in a margin of -19.6% for the projection period.

### **Components of Increase**

The request is made up of the following components:

*Trend Increases* – 2.2 % of the 11.0 % total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is n/a % of the 11.0 % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is n/a % of the 11.0 % total filed increase.

*Other Increases* – 8.8 % of the 11.0 % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is 0.0 % of the 11.0 % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is -0.1 % of the 11.0 % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is 3.64 % of the 11.0 % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is 5.27 % of the 11.0 % total filed increase.

5. Other – Defined as:

This component is 0.0 % of the 11.0 % total filed increase.

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	2023 DC Small Group		
<b>Project Name/Number:</b>	/		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	
<b>Attachment(s):</b>	2023 DC Actuarial Memorandum and Exhibits SG 20220429.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	No filing fee is required.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Cover Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	2023 DC Cover Letter SG 20220429.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	District of Columbia Plain Language Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	2023_DC_Small_Group_Part_II_Justification_Plain_Language_Summary_20220429.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	



<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	2023 DC Small Group		
<b>Project Name/Number:</b>	/		

<b>Satisfied - Item:</b>	DISB Actuarial Memorandum Dataset
<b>Comments:</b>	
<b>Attachment(s):</b>	2023 DISB Small Group Dataset 20220429.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Av Screenshots
<b>Comments:</b>	
<b>Attachment(s):</b>	2023 DC Small Group AV Screenshots.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Absolute Maximum Premium Increase
<b>Comments:</b>	
<b>Attachment(s):</b>	2023 Absolute Maximum Premium Increase Exhibit 20220429.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Rate filing checklist
<b>Comments:</b>	
<b>Attachment(s):</b>	2023 DC IVL SG Rate Filing Checklist 20220429.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Index Rate Development Factors
<b>Comments:</b>	
<b>Attachment(s):</b>	2023 DC IVL SG Index Rate Development Factors.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

KPMA-133222198

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

2023 DC Small Group

Project Name/Number:

/

***Attachment 2023 DISB Small Group Dataset 20220429.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2023 DC Small Group AV Screenshots.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2023 Absolute Maximum Premium Increase Exhibit 20220429.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2023 DC IVL SG Index Rate Development Factors.xlsx is not a PDF document and cannot be reproduced here.***

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**Form Numbers:**

DC-SG-PLATINUM-0-10-VISION-HMO-COST(01-23)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-RX(01-23)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-COST(01-23)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-RX(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-0-10-POS-VISION-COST(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-0-10-VISION-POS-RX(01-23)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-COST(01-23)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-RX(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-500-10-POS-VISION-COST(01-23)HIX, DC-SG-PLATINUM-ADDED-CHOICE-500-10-VISION-POS-RX(01-23)HIX, DC-SG-GOLD-0-20-VISION-HMO-COST(01-23)HIX, DC-SG-GOLD-0-20-VISION-HMO-RX(01-23)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-COST(01-23)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-RX(01-23)HIX, DC-SG-GOLD-500-20-VISION-DHMO-COST(01-23)HIX, DC-SG-GOLD-500-20-VISION-DHMO-RX(01-23)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-COST(01-23)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-RX(01-23)HIX, DC-SG-GOLD-ADDED-CHOICE-1000-20-POS-VISION-COST(01-23)HIX, DC-SG-GOLD-ADDED-CHOICE-1000-20-VISION-POS-RX(01-23)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-COST(01-23)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-RX(01-23)HIX, DC-SG-GOLD-VIRTUAL-FORWARD-2000-DHMO-COST(01-23)HIX, DC-SG-GOLD-VIRTUAL-FORWARD-2000-DHMO-RX(01-23)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-COST(01-23)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-RX(01-23)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-SILVER-1750-40-VISION-DHMO-COST(01-23)HIX, DC-SG-SILVER-1750-40-VISION-DHMO-RX(01-23)HIX, DC-SG-SILVER-1750-40-DHMOPLUS-VISION-COST(01-23)HIX, DC-SG-SILVER-1750-40-DHMOPLUS-VISION-RX(01-23)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-COST(01-23)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-RX(01-23)HIX, DC-SG-SILVER-VIRTUAL-FORWARD-3000-DHMO-COST(01-23)HIX, DC-SG-SILVER-VIRTUAL-FORWARD-3000-DHMO-RX(01-23)HIX, DC-SG-SILVER-ADDED-CHOICE-2500-40-POS-VISION-COST(01-23)HIX, DC-SG-SILVER-ADDED-CHOICE-2500-40-VISION-POS-RX(01-23)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-COST(01-23)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-RX(01-23)HIX, DC-SG-BRONZE-ADDED-CHOICE-6500-55-POS-VISION-COST(01-23)HIX, DC-SG-BRONZE-ADDED-CHOICE-6500-55-VISION-POS-RX(01-23)HIX, DC-SG-BRONZE-6000-50-20%-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-BRONZE-6000-50-20%-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-COST(01-23)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-RX(01-23)HIX, DC-SG-STANDARD-PLATINUM-0-20-10%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-PLATINUM-0-20-10%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-GOLD-500-25-20%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-GOLD-500-25-20%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-SILVER-4850-40-20%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-SILVER-4850-40-20%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-BRONZE-7500-45-40%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-BRONZE-7500-45-40%-VISION-HMO-RX(01-23)HIX, DC-SG-STANDARD-BRONZE-6350-20%-VISION-HMO-COST(01-23)HIX, DC-SG-STANDARD-BRONZE-6350-20%-VISION-HMO-RX(01-23)HIX, DC-SG-PED-DENTAL(01-23)HIX, DC-SG-PED-DENTAL-FEE(01-23), DC-SG-PED-STD-PLAT-SILVER-GOLD-FEE(01-23)HIX, DC-SG-PED-STD-BRONZE-FEE(01-23)HIX

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**District of Columbia - 2023 Small Group Rate Filing**  
**Part III – Actuarial Memorandum and Certification**

**1. Purpose**

This document contains the Part III Actuarial Memorandum for Kaiser Foundation Health Plan (“KFHP”) of the Mid-Atlantic States’ Small Group business segment rates in the District of Columbia, with effective dates during 2023. Rates are guaranteed for 12 months starting on a Small Group’s effective date. These products are offered on the District of Columbia Marketplace (“the Exchange.”) This rate filing applies to new and renewal business on a guaranteed issue basis with no age limitations. This filing does not cover grandfathered products that existed prior to 2023. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (“URRT”) and is in compliance with 45 CFR § 156.215. The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I URRT. This memorandum may not be appropriate for other purposes.

All products offered are comprehensive medical plans and range from no-deductible HMO style plans to high-deductible Health Savings Account (“HSA”) qualified plans as well as Point of Service style plans. All products include pediatric dental benefits and cover all required Essential Health Benefits (“EHBs”).

**2. General Information Section**

**Company Identifying Information**

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
State:	District of Columbia
HIOS Issuer ID:	94506
Market:	Small Group Market On Exchange
Effective Date:	January 1, 2023

**Company Contact Information**

Primary Contact Name:	Ky Le
Primary Contact Telephone Number:	301-816-5852
Primary Contact Email Address:	<a href="mailto:Ky.T.Le@kp.org">Ky.T.Le@kp.org</a>

Secondary Contact Name:	Robert Stoddart
Secondary Contact Telephone Number:	801-857-5604
Secondary Contact Email Address:	<a href="mailto:Robert.X.Stoddart@kp.org">Robert.X.Stoddart@kp.org</a>

**3. Proposed Rate Changes**

All current benefit plans are renewing in 2023. Additionally, this filing includes the introduction of five new Standard plans that are the same as those offered for Individual plans.

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Primary factors that affect the rate change for the renewing plans are:

- Claims experience of the single risk pool different than projected in the previous year.
- Increases in medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value (“AV”) requirements which results in varying rate changes by plan.
- Federal and District taxes and fees.

The proposed average rate change is 11.0%. The average rate change does not indicate that every member’s rate will change by this amount as rates are affected by the ages of those covered and benefits chosen.

Proposed rates by plan can be found in the Appendix.

#### **4. Market Experience**

##### **4.1. Experience and Current Period Premium, Claims and Enrollment**

###### ***Premium***

Data for experience period and current period premiums through February 2022 is pulled from KFHP’s data base which reflects premiums paid by policy holders. No MLR rebates were required for the experience period.

###### ***Claims***

The experience period claims for the Individual and Small Group single risk pool are shown in Exhibit 2.

The claims data is for the incurred period January 2021 through December 2021 and paid through February 2022, including estimates for incurred but not reported claims. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, capitations and prescription drug claims net of drug rebates are aggregated to determine annual claims. Allowed claims are calculated based on system paid claims divided by the experience period paid benefit to allowed ratio expected for the plans offered in the experience period plus dental capitations.

Incurred but not reported estimates for non-capitated services are developed using the completion factor method consistent with KFHP’s monthly reserve estimate process. The completion factors are based on all commercial claims which includes Individual, Small

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Group and Large Group business segments. Except for capitated expenses, all claims are processed by KFHP's internal systems. Capitated expenses are based on a monthly contractual PMPM amount paid to the vendor. Capitated and non-capitated expenses are shown separately in Exhibit 2.

***Enrollment***

Experience period and current period enrollment evaluated as of 3/31/2022 is pulled from KFHP's member data base. Experience period member months can be found on Exhibit 2.

**4.2. Benefit Categories**

Claims are assigned to one of the following benefit service categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation and Prescription Drugs. The categorization is derived from each claim's specific information on services rendered, the location of service, and the type of provider. The categorization is an automated process within KFHP's data warehouse. Examples of services by benefit category include:

<b>Benefit Category</b>	<b>Services</b>
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Dental
Prescription Drug	Pharmacy

**4.3. Projection Factors**

**4.3.1 Trend Factors**

Projected trend factors are based on a mixture of expected industry trends, future fixed costs, and expected internalization of services, i.e., movement of medical care delivery between contracted external providers and our integrated delivery system. As an integrated health care provider, the majority of KFHP's expenses are the internal costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected cost that is included in our total revenue requirement is primarily based on budgeting.

For traditional carriers, projected cost per service and utilization per member trends are developed to project expected future costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends largely stem from the development of budgeted costs for the rating year. For the period from 2021 to 2023, our projected total annualized medical expense trend for the ACA market is 2.2%.

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Exhibit 4 includes an allocation of trend into cost and utilization service categories which is derived for use in the URRT.

**4.3.2 Adjustments to Trended EHB Allowed Claims PMPM**

***Morbidity Adjustment***

For the rating period, morbidity for enrollees overall is expected to be similar to the morbidity of members in the experience period data. The expected relative cost of new members coming into the pool is expected to be lower than the cost of continuously enrolled members. A net morbidity factor reflecting the relative difference in cost is applied to projected claims weighted by the expected member months in each cohort. Development of this factor is shown in Exhibit 5.

***Demographic Shift***

Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the District of Columbia (“DC”) standard age curve to experience period member months. The same calculation is performed for projected rating period membership, which is based on actual KFHP enrolled members for the current period adjusted for expected distribution changes in the rating period. The projected age factor used is the closest rounded-age factor from the DC standard age curve. The projected allowed claims are then multiplied by the change in the average age factor from the experience to the rating period. The development of the average age factor is shown in Exhibit 6.

**Network**

There are no changes to network factors. The change in average network factor shown in Exhibit 7 is due solely to member mix change by product type.

***Plan Design Changes***

All plans have cost sharing in the rating period that generates different levels of utilization adjustments when compared with the experience period plans. The net impact is reflected as the change in average utilization for the pool in Exhibit 8. This is calculated by dividing the average utilization adjustment in the projection period by the base period average utilization. Changes from the experience period to the projection period may include, but is not limited to, updates to Kaiser’s benefit factor rating model and member mix changes across plans in the projection period compared to the experience period.

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***Other Adjustments***

No adjustments or factors, other than those previously discussed in this section, have been used to project the experience period allowed claims to the projection period.

**4.3.3 Manual Rate Adjustments**

KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

**4.3.4 Credibility of Experience**

KFHP had approximately 87,000 covered lives in the single risk pool for the experience period, which is considered fully credible. Actuarial Standard of Practice #25 was considered when making this determination.

**4.3.5 Establishing the Index Rate**

The experience period data includes claims for non-EHBs. Claims for non-EHBs were removed from the allowed amount by applying the experience period ratio of EHB claims to total claims to the experience period allowed amounts. The non-EHB removal ratio is shown in Exhibit 9.

**4.3.6 Development of the Market-wide Adjusted Index Rate (“MAIR”)**

Calculation of the MAIR is shown on Exhibit 1. The factors used in the calculation, e.g. demographic adjustment, are described above and in the section immediately below.

**Paid to Allowed Ratio**

The projected 2023 paid to allowed ratio is calculated as the average effective plan design factor. The average plan design accounts for the projected member distribution across the available plans.

**Reinsurance**

Reinsurance is currently not applicable.

**Risk Adjustment**

KFHP’s experience period risk adjustment transfer for the Small Group pool is estimated to be (\$82.42) PMPM. The projected risk adjustment transfer of (\$78.12) PMPM is based on expected experience period results by metal tier projected to the rating year and including



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the results from the 2020 Risk Adjustment Data Validation audit. There is no expected impact related to the Federal High Cost Risk Pool.

Exhibit 10 shows KFHP's experience period and projection period risk adjustment transfers which could include the impact of CMS changes to the risk adjustment transfer formula. The experience period transfer estimate is based on an ongoing study by a third-party consulting firm. The projected transfer PMPMs by metal level are adjusted for assumed risk scores for continuing and future new members entering the pool vs experience period risk scores. Anticipated market average premium increases and projected KFHP enrollment mix between metal levels also impacts the overall average transfer PMPM.

**Exchange User Fees**

DC's Annual Assessment amount is the basis for the Exchange User Fee Factor used in Exhibit 1.

**4.4. Plan Adjusted Index Rate ("PAIR")**

Allowable plan level modifiers are applied to the MAIR to develop PAIRs which are shown on Exhibit 12. Allowable adjustments used in rate development include the following:

**Non-EHB Adjustment**

Rating period non-EHB covered benefits are added back to plan rates as a multiplier when calculating the Plan Adjusted Index Rate for each plan. Development of the non-EHB multiplier is shown in Exhibit 9.

**Plan Level Adjustments**

An adjustment accounting for differences in network, if applicable, is applied at the plan level. Network adjustments, shown on Exhibit 7, are unchanged from prior years.

Plan level benefit richness factors were developed using a consultant's Managed Care Rating Model calibrated with Kaiser-specific data. The factors are applied based on the expected utilization by plan normalized to the overall pool.

Additionally, plan design adjustments accounting for differences in cost sharing between plans have been developed using the same consultant's Managed Care Rating Model calibrated with Kaiser-specific data.

**Catastrophic Plan Adjustment**

There are no Catastrophic Plans available in the Small Group pool.

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**Retention (Administrative Expense, Taxes & Fees, Profit & Risk Margin)**

Retention amounts for the experience period and rating period are shown on Exhibit 11. Projected retention is added uniformly across all plans.

**4.5. Calibration**

Calibration of the Plan Adjusted Index Rates is necessary in order to calculate Consumer Adjusted Premium Rates. The Plan Adjusted Index Rates are developed for the average member within the Single Risk Pool. Based upon the allowable rating parameters, factors are developed to calibrate the Plan Adjusted Index Rates to generate Consumer Adjusted Premium Rates. The calibrated Plan Adjusted Index Rates have been defined as Base Rates, and the calibration factors are applied uniformly to all plans in the single risk pool.

**Age Curve Calibration**

The determination of the calibration factor is based upon the DC Standard Age Curve and KFHP internal current period enrollment data. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted DC age factors. The projected age factor used is the interpolated age factor from the DC standard age curve. The Plan Adjusted Index Rates are then multiplied by the ratio of the age 21 factor and the projected age factor to adjust to rates for an individual aged 21. This ratio, or calibration factor, is 0.689. The development of the average age and calibration factors is shown in Exhibit 6.

**Area Factor Calibration**

KFHP does not vary rates by rating area, therefore the area calibration factor is 1.00.

**4.6. Consumer Adjusted Premium Rate Development**

Age 21 Plan Adjusted Index Rates are shown on Exhibit 12. The base rates are adjusted using the DC age slope factors on Exhibit 6 to generate age specific rates. The age slope factor for a member is based on the member's age as of the effective date of coverage and remains unchanged for the remainder of the policy period. Where applicable, a quarterly rate adjustment is applied depending on the quarter of the policy's effective date. Quarterly rate factors are shown on Exhibit 13. Note that only the three oldest children under the age of 21 on a family policy are rated.

**5. Projected Loss Ratio**

Exhibit 14 provides an estimate of the Medical Loss Ratio (MLR) based upon assumptions in this rate filing for the projection year for the specific line of business pool and for the combined Small Group and Individual line of business pools. The combined MLR is expected to be about 110%.

**Federal Medical Loss Ratio**

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Using the federally prescribed methodology, we project the combined loss ratio to be about 113%.

**6. Plan Product Information**

**6.1. Actuarial Value (“AV”) Metal Values**

The AV Metal Values were developed based on the CMS Actuarial Value calculator, as all plans’ designs were compatible with the calculator. The Federal AVs are shown on the AV screen shots submitted in the Supporting Documentation section in SERFF.

**AV Pricing Values/Allowable Plan Level Adjustments**

Per the URRT Instructions, the Allowable Plan Level Adjustments include plan specific adjustment factors for the Cost-Sharing Design of each plan in addition to the EHBs, and administrative costs. The effective plan design adjustment components of the plan level adjustments are calculated using a proprietary pricing model, including model updates, data reflecting a standard population, and KFHP specific data. The cost share and model changes have varying effects on each plan design which leads to non-uniform rate changes between plans. The pricing method is consistent across all plans and does not include any utilization differences due to differing health status of members in different cost-sharing designs.

The AV pricing values, i.e., plan design factors for 2023 plans have changed due to routine updates to the pricing model and/or changes to cost sharing amounts. These changes can have different effects on each plan design, which leads to non-uniform rate changes between the plans.

**6.2. Membership Projections**

Current year member projections are based on current year open enrollment results and expected adds and cancellations occurring throughout the remainder of the year. Rating year member projections are based on KFHP forecasts.

**6.3. Plan Type**

There are no plan types that are not listed in the Worksheet 2 drop-down box.

**7. Miscellaneous**

**7.1. Reliance**

All data and assumptions contained in this filing were prepared by a team of KFHP employees.

**7.2. Historical Rate Revisions Effective January 1**

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2018	5.0%
2019	0.0%
2020	3.0%
2021	0.0%
2022	-3.0%

**7.3. Estimated Average Premium**

Estimated average premiums per member and per policy for the current year and projection year are shown below. The projected premium includes the requested rate increase as well as the impact of expected membership changes between products.

	Per Member Per Year	Per Policy Per Year
Current Year	\$5,225	\$7,786
Projection Year	\$5,799	\$8,643

**7.4. Exhibit Table of Contents**

Exhibit 1	Market Index Rate
Exhibit 2	Allowed Claim PMPMs
Exhibit 3	Capitations
Exhibit 4	Trend Factors
Exhibit 5	Morbidity Factor
Exhibit 6	Demographics
Exhibit 7	Network Factor
Exhibit 8	Utilization Adjustment
Exhibit 9	Non-Essential Health Benefit Adjustments
Exhibit 10	Risk Adjustment Projection
Exhibit 11	Retention
Exhibit 12	Plan Adjusted Index Rate
Exhibit 13	Quarterly Renewal Factors
Exhibit 14	Projected Medical Loss Ratio
Exhibit 15	Cost Share Reduction Subsidy Non-Funding Impact
Appendix 1	First Quarter Plan Rates by Age
Appendix 2	Second Quarter Plan Rates by Age
Appendix 3	Third Quarter Plan Rates by Age
Appendix 4	Fourth Quarter Plan Rates by Age

**Actuarial Certification**

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**District of Columbia - 2023 Small Group Rate Filing**  
**Part III – Actuarial Memorandum and Certification**

I, Robert Stoddart, Sr. Valuation Manager, Mid-Atlantic States, for Kaiser Foundation Health Plan (KFHP), am a member in good standing of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This Actuarial Certification applies to the attached filing for an approval of premium rates for Individual plans sold on the Exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates effective January 2023.

- To the best of my knowledge and judgment, this rate filing is compliant with all applicable District of Columbia and Federal Statutes and Regulations, including 45 CFR §156.80 and §147.102, and the premiums are reasonable in relation to the benefits provided.
- Rates are developed in accordance with 45 CFR part 147.102 and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and §156.80(d)(2) were used to generate plan level rates.
- The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a medical loss ratio that, under ACA definitions, meets or exceeds the minimum requirement.

Rates, calculations and values were developed accordance with generally accepted actuarial principles and methodologies for rating blocks of business and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans (Small Group Filings only)
- ASOP No. 41, Actuarial Communications
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

Qualifications:

1. The URRT does not demonstrate the process used by KFHP to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

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2. The information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of April 29, 2022. Changes to the applicable regulations, including but not limited to Risk Stabilization programs could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates unacceptably deficient and would necessitate revisions to this filing.
3. While the filed rates are neither excessive nor unfairly discriminatory, KFHP leadership has targeted increased affordability resulting in rates that have a negative expected margin. However, KFHP's business plan calls for positive overall margin which would support the expected results on this line of business and provide a buffer for adverse deviation.



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Robert Stoddart, FSA, MAAA  
Sr. Valuation Manager  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
April 29, 2022

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 1**  
**Market Adjusted Index Rate**

Source/Formula	Component	Value
(1) Exhibit 2	Experience Period Allowed PMPM	\$486.93
(2) Exhibit 9	Remove Non-EHBs Adjustment Factor	0.985
(3) = (1) x (2)	Experience Period Index Rate PMPM	\$479.73
(4) Exhibit 4	Annualized Medical Trend	2.2%
(5)	Months of Trend	24
(6) = (1+ (4)) ^ (24/12)	Trend Factor	1.045
(7) = (3) x (6)	Unadjusted Projected Allowed EHB PMPM	\$501.37
<u>Single Risk Pool Adjustments</u>		
(8) Exhibit 5	Change in Morbidity	1.003
(9) Exhibit 6	Change in Demographics	1.018
(10) Exhibit 7	Change in Network	1.000
(11) Exhibit 8	Change in Utilization	1.000
(12)	Change in Other	1.000
<b>(13) = product (7) thru (12)</b>	<b>Projected Allowed EHBs PMPM</b>	<b>\$511.93</b>
(14) Exhibit 12	Projected Paid to Allowed Ratio	0.926
(15) = (13) x (14)	Projected Paid EHBs PMPM	\$474.02
<u>Marketwide Adjustments</u>		
(16) Exhibit 10	Projected Risk Adj Transfer PMPM	(\$78.12)
(17)	Projected Exchange User Fee Factor	1.008
(18) = [(15) - (16)] * (17)	Market Adjusted Projected Paid EHB PMPM	\$556.73
<b>(19) = (18) / (14)</b>	<b>Market Adjusted Projected Allowed EHB PMPM</b>	<b>\$601.25</b>
(20) Exhibit 9	Non-EHBs Loading Factor	1.013
(21) = (20) x (18)	Market Adjusted Projected Paid Total PMPM	\$563.81

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**Market: District of Columbia Small Group**

**Exhibit 2**  
**Allowed Claim PMPMs**

<b>Pool</b>	<b>Member Months</b>	<b>Calculated Allowed</b>	<b>Capitation</b>	<b>Completion</b>	<b>Total</b>
Individual Small Group	34,634	\$580.77	\$1.76	\$9.23	\$591.75
	52,404	409.38	1.76	6.51	417.64
Overall	87,038	\$477.58	\$1.76	\$7.59	<b>\$486.93</b>



**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**Market: District of Columbia Small Group**

**Exhibit 3  
Capitations**

Source/Formula	Component	Combined
<i>Experience Period - Essential Health Benefits</i>		
(1) Input	Pediatric Dental PMPM	\$1.76
<i>Projection Period - Essential Health Benefits</i>		
(2) Expected Contract Rate	Pediatric Dental Cap	\$10.60
(3) Exhibit 6	Percentage of Children < 21	14.9%
(4) = (2) x (3)	Pediatric Dental PMPM	\$1.57
(5) = (4)	<b>Projection Period - Total</b>	<b>\$1.57</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 4**  
**Trend Factors**

Category	Cost	Utilization	Trend
Inpatient	0.5%	1.3%	1.8%
Outpatient	4.1%	-1.1%	3.0%
Professional	1.7%	-1.0%	0.7%
Other	1.2%	0.1%	1.3%
Capitation	0.0%	0.0%	0.0%
Rx	4.8%	1.1%	5.9%
<b>Overall</b>			<b>2.2%</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**Market: District of Columbia Small Group**

**Exhibit 5  
Morbidity Factor**

	<b>Member Months</b>	<b>Relative Morbidity</b>
(1) Experience Period Single Risk Pool	87,038	1.000
(2) Continuing Experience Period Members	68,566	1.034
(3) Continuing Current Year New Members	11,168	0.952
(4) Projection Period New Members	6,448	0.760
(5) Projection Period Single Risk Pool	86,183	1.002
(6) Adjustment for Change in Risk = [ (5) / (1) ]		1.003

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 6**  
**Demographics**

Ages	DC Age Slope	Member Distribution	
		Experience Period	Current Period
0-14	0.654	11.2%	10.7%
15	0.654	0.6%	0.6%
16	0.654	0.6%	0.5%
17	0.654	0.6%	0.7%
18	0.654	0.6%	0.6%
19	0.654	0.6%	0.5%
20	0.654	0.6%	0.5%
21	0.727	0.6%	0.5%
22	0.727	0.8%	0.8%
23	0.727	1.4%	1.4%
24	0.727	2.0%	1.9%
25	0.727	2.6%	2.2%
26	0.727	3.2%	3.2%
27	0.727	3.7%	3.8%
28	0.744	3.6%	3.6%
29	0.760	3.4%	3.6%
30	0.779	3.7%	3.5%
31	0.799	3.2%	3.3%
32	0.817	3.6%	2.9%
33	0.836	3.4%	3.3%
34	0.856	3.2%	3.2%
35	0.876	2.9%	2.9%
36	0.896	2.7%	2.6%
37	0.916	2.6%	2.5%
38	0.927	2.4%	2.6%
39	0.938	2.1%	2.4%
40	0.975	2.0%	1.7%
41	1.013	1.9%	2.1%
42	1.053	1.9%	1.7%
43	1.094	1.4%	1.8%
44	1.137	1.4%	1.3%
45	1.181	1.3%	1.5%
46	1.227	1.3%	1.2%
47	1.275	1.3%	1.3%
48	1.325	1.5%	1.3%
49	1.377	1.3%	1.6%
50	1.431	1.2%	1.3%
51	1.487	1.2%	1.2%
52	1.545	1.2%	1.4%
53	1.605	1.1%	1.2%
54	1.668	1.2%	1.2%
55	1.733	1.2%	1.3%
56	1.801	1.3%	1.4%
57	1.871	1.2%	1.3%
58	1.944	1.1%	1.2%
59	2.020	1.0%	1.2%
60	2.099	1.2%	0.9%
61	2.181	1.2%	1.3%
62	2.181	1.1%	1.2%
63	2.181	0.9%	1.1%
64+	2.181	2.5%	3.0%

**Demographic & Calibration Adjustment:**

	Implied		
	Age	Factor	
Exp Period Avg Age Factor	41.6	1.036	(1)
Proj Period Avg Age Factor	42.0	1.055	(2)
<b>Change in Demographics</b>		<b>1.018</b>	<b>= (2) / (1)</b>
Age 21 Age Slope Factor		0.727	(3)
<b>Index Rate Age Factor Calibration</b>		<b>0.689</b>	<b>= 1 / (2) x (3)</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**Market: District of Columbia Small Group**

**Exhibit 7  
Network Factor**

**Experience Period**

(1)	(2)	(3)
Network	Small Group Member Months	Network Adjustment Factor
Signature	40,222	1.000
Signature 2TPOS	1,499	1.100
Select	10,683	1.050
Overall	52,404	1.013

**Projection Period**

(1)	(2)	(3)	(4)
Network	Small Group Member Months	Network Adjustment Factor	Normalizing Factor
Signature	44,198	1.000	0.987
Signature 2TPOS	2,125	1.100	1.086
Select	10,857	1.050	1.036
Overall	57,180	1.013	1.000

<b>Change in Network Factor</b>	<b>1.0002</b>
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 8**  
**Utilization Adjustment**

Pool		Member Months	Utilization
<b><i>Experience Period</i></b>			
(1)	Individual	34,634	0.855
(2)	Small Group	52,404	0.912
(3)	Overall	87,038	0.889
<b><i>Projection Period</i></b>			
(4)	Individual	29,003	0.845
(5)	Small Group	57,180	0.912
(6)	Overall	86,183	0.889
<b><i>Change in Average Utilization</i></b>			
(7)	= (6) / (3)		1.000

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**Market: District of Columbia Small Group**

**Exhibit 9**

**Non-Essential Health Benefits Adjustments**

Source/Formula	Component	Value
<b><i>Experience Period</i></b>		
(1) Exhibit 2	Completed Allowed Claims	\$486.93
(2) Input	Non-EHB Non Capitation	\$7.19
(3) = (1) - (2)	EHB Completed Allowed Claims	\$479.73
(4) = (3) / (1)	Exp Period Non-EHB Removal Factor	<b>0.985</b>
<b><i>Projection Period</i></b>		
(5) Exhibit 1	Market Adjusted Index Rate	\$601.25
(6) Exhibit 1	Risk Adj Transfer Paid PMPM	-\$78.12
(7) Exhibit 1	Paid to Allowed Ratio	0.926
(8) = (6) x (7)	Risk Adj Transfer Allowed PMPM	-\$84.37
(9) = (5) + (8)	Market Adjusted Index Rate Prior to Risk Adj	\$516.89
(10) Input	Non-EHB Non Capitation	\$7.64
(11) = sum((9) thru (10)) - (8)	Projection Period Market Adjusted Allowed Total	\$608.89
(12) = (11) / (5)	Projection Period Non-EHB Load Factor	<b>1.013</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 10**  
**Risk Adjustment Projection**

			Estimated 2021	Projected 2023
<b>Platinum</b>	(1)	Member Months	20,322	21,242
	(2)	HHS Transfer % of Premium	(0.051)	(0.016)
	(3)	Statewide Average Premium PMPM	\$474.89	\$508.98
	(4) = (2) x (3)	Transfer PMPM	(\$24.15)	(\$8.37)
	(5)	Federal High Cost Risk Pool PMPM	\$0.00	\$0.00
	(6)	2018 RADV PMPM	N/A	\$2.99
	(7) = (1) x [(4) + (6)]	Transfer \$	(\$490,684)	(\$114,383)
<b>Gold</b>	(8)	Member Months	26,716	30,296
	(9)	HHS Transfer % of Premium	(0.278)	(0.273)
	(10)	Statewide Average Premium PMPM	\$474.89	\$508.98
	(11) = (9) x (10)	Transfer PMPM	(\$132.19)	(\$138.72)
	(12)	Federal High Cost Risk Pool PMPM	\$0.00	\$0.00
	(13)	2018 RADV PMPM	N/A	\$1.74
	(14) = (8) x [(11) + (13)]	Transfer \$	(\$3,531,604)	(\$4,149,943)
<b>Silver</b>	(15)	Member Months	4,083	4,173
	(16)	HHS Transfer % of Premium	(0.102)	(0.034)
	(17)	Statewide Average Premium PMPM	\$474.89	\$508.98
	(18) = (16) x (17)	Transfer PMPM	(\$48.30)	(\$17.53)
	(19)	Federal High Cost Risk Pool PMPM	\$0.00	\$0.00
	(20)	2018 RADV PMPM	N/A	\$2.16
	(21) = (15) x [(18) + (20)]	Transfer \$	(\$197,217)	(\$64,153)
<b>Bronze</b>	(22)	Member Months	1,283	1,469
	(23)	HHS Transfer % of Premium	(0.163)	(0.187)
	(24)	Statewide Average Premium PMPM	\$474.89	\$508.98
	(25) = (23) x (24)	Transfer PMPM	(\$77.59)	(\$95.23)
	(26)	Federal High Cost Risk Pool PMPM	\$0.00	\$0.00
	(27)	2018 RADV PMPM	N/A	\$1.13
	(28) = (22) x [(25) + (27)]	Transfer \$	(\$99,542)	(\$138,195)
<b>Catastrophic</b>	(29)	Member Months	N/A	N/A
	(30)	HHS Transfer % of Premium	N/A	N/A
	(31)	Statewide Average Premium PMPM (Catastrophic)	N/A	N/A
	(32) = (30) x (31)	Transfer PMPM	N/A	N/A
	(33)	Federal High Cost Risk Pool PMPM	N/A	N/A
	(34)	2018 RADV PMPM	N/A	N/A
	(33) = (29) x [(32) + (34)]	Transfer \$	N/A	N/A
<b>Combined</b>	(34) = (1)+(8)+(15)+(22)+(29)	Total Risk Adjustment Member Months	52,404	57,180
	(35)	RA Transfer PMPM	(\$82.42)	(\$80.33)
	(36)	Federal HCRP PMPM	\$0.00	\$0.00
	(37)	2018 RADV PMPM	N/A	\$2.22
	(38) = sum (35) thru (37)	Total RA, HCRP, RADV Transfer PMPM	(\$82.42)	(\$78.12)
	(39) = (34) x (38)	Total Transfer \$	(\$4,319,047)	(\$4,466,673)



**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**Market: District of Columbia Small Group**

**Exhibit 11**

**Retention**

		2021 Experience		2023 Projected	
Source/Formula	Retention Item	Net PMPM	% of Premium	Net PMPM	% of Premium
(1)	Operating Expense	\$42.65	9.7%	\$49.84	10.3%
(2)	Commissions	16.34	3.7%	16.47	3.4%
(3) = sum (1) thru (2)	Subtotal Admin Exp	\$58.99	13.4%	\$66.31	13.7%
(4)	Exchange Assessment*	\$4.77	1.1%	\$3.99	0.8%
(5)	PCORI	0.08	0.0%	0.26	0.1%
(6)	State Premium Tax	7.85	1.8%	7.60	1.6%
(7)	Federal Income Tax	0.00	0.0%	0.00	0.0%
(8)	Health Ins Provider Fee	0.00	0.0%	0.00	0.0%
(9)	Risk Adjustment Fee	0.25	0.1%	0.22	0.0%
(10) = sum (4) thru (9)	Subtotal Taxes & Fees	\$12.95	2.9%	\$12.06	2.5%
(11)	Contribution to Reserve	(\$142.80)	-32.5%	(\$156.43)	-32.4%
(12) = (3)+(10)+(11)	Total Retention	(\$70.86)	-16.1%	(\$78.05)	-16.2%

\*Note: For rate build-up purposes, the Exchange Fee is included in the Market Adjusted Index Rate prior to plan level adjustments.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 12**  
**Plan Adjustment Index Rate Development**

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
Name	Market Adjusted Index Rate	Impact of Non-EHB	Non-Funding of CSR Adjustment	Network Factor	Normalized Utilization	Plan Design	Catastrophic Plan Adjustment	Pure Premium	Retention	Plan Adjusted Index Rate	Age Curve Calibration*	Area Curve Calibration	Calibrated Plan Adj Index Rate (Age 21 Base Rate)
KP DC Platinum 0/10/Vision	\$601.25	1.013	1.000	0.987	1.040	0.974	1.000	\$608.48	0.855	\$520.18	0.689	1.000	\$358.56
KP DC Platinum HMO Plus 0/10/Vision	601.25	1.013	1.000	0.987	1.040	1.012	1.000	632.82	0.855	540.99	0.689	1.000	372.90
KP DC Platinum 0/10/Vision/Sel	601.25	1.013	1.000	1.036	1.040	0.974	1.000	638.90	0.855	546.19	0.689	1.000	376.49
KP DC Platinum 500/10/Vision	601.25	1.013	1.000	0.987	1.020	0.962	1.000	589.76	0.855	504.18	0.689	1.000	347.53
KP DC Platinum 500/10/Vision/Sel	601.25	1.013	1.000	1.036	1.020	0.962	1.000	619.25	0.855	529.39	0.689	1.000	364.91
KP DC Standard Platinum 0/20/10%/Vision	601.25	1.013	1.000	0.987	1.031	0.967	1.000	599.03	0.855	512.10	0.689	1.000	352.99
KP DC Gold 0/20/Vision	601.25	1.013	1.000	0.987	1.018	0.914	1.000	559.45	0.855	478.27	0.689	1.000	329.67
KP DC Gold 0/20/Vision/Sel	601.25	1.013	1.000	1.036	1.018	0.914	1.000	587.42	0.855	502.18	0.689	1.000	346.15
KP DC Gold 1000/20/Vision	601.25	1.013	1.000	0.987	0.966	0.891	1.000	517.04	0.855	442.01	0.689	1.000	304.68
KP DC Gold 1000/20/Vision/Sel	601.25	1.013	1.000	1.036	0.966	0.891	1.000	542.89	0.855	464.11	0.689	1.000	319.91
KP DC Gold 1500/20/Vision	601.25	1.013	1.000	0.987	0.958	0.881	1.000	507.24	0.855	433.63	0.689	1.000	298.90
KP DC Gold 1500/20/Vision/Sel	601.25	1.013	1.000	1.036	0.958	0.881	1.000	532.61	0.855	455.31	0.689	1.000	313.85
KP DC Gold 1700/0%/HSA/Vision	601.25	1.013	1.000	0.987	0.947	0.893	1.000	508.47	0.855	434.68	0.689	1.000	299.62
KP DC Gold 1700/0%/HSA/Vision/Sel	601.25	1.013	1.000	1.036	0.947	0.893	1.000	533.89	0.855	456.41	0.689	1.000	314.61
KP DC Gold 500/20/Vision	601.25	1.013	1.000	0.987	0.980	0.917	1.000	540.14	0.855	461.75	0.689	1.000	318.29
KP DC Gold 500/20/Vision/Sel	601.25	1.013	1.000	1.036	0.980	0.917	1.000	567.14	0.855	484.84	0.689	1.000	334.20
KP DC Gold Virtual Complete 2000	601.25	1.013	1.000	0.987	0.940	0.838	1.000	473.28	0.855	404.59	0.689	1.000	278.89
KP DC Gold DHMO Plus 1500/20/Vision	601.25	1.013	1.000	0.987	0.958	0.916	1.000	527.53	0.855	450.98	0.689	1.000	310.86
KP DC Gold HMO Plus 0/20/Vision	601.25	1.013	1.000	0.987	1.018	0.951	1.000	581.83	0.855	497.40	0.689	1.000	342.86
KP DC Standard Gold 500/25/20%/Vision	601.25	1.013	1.000	0.987	1.003	0.914	1.000	550.91	0.855	470.97	0.689	1.000	324.64
KP DC Silver 1750/40/Vision	601.25	1.013	1.000	0.987	0.910	0.850	1.000	464.73	0.855	397.29	0.689	1.000	273.85
KP DC Silver 2000/30/HSA/Vision	601.25	1.013	1.000	0.987	0.879	0.834	1.000	440.42	0.855	376.51	0.689	1.000	259.53
KP DC Silver 2500/40/Vision	601.25	1.013	1.000	0.987	0.916	0.837	1.000	460.56	0.855	393.73	0.689	1.000	271.40
KP DC Silver 3000/30/HSA/Vision	601.25	1.013	1.000	0.987	0.864	0.807	1.000	419.07	0.855	358.25	0.689	1.000	246.94
KP DC Silver DHMO Plus 1750/40/Vision	601.25	1.013	1.000	0.987	0.910	0.884	1.000	483.32	0.855	413.18	0.689	1.000	284.81
KP DC Silver Virtual Forward 3000	601.25	1.013	1.000	0.987	0.869	0.799	1.000	417.53	0.855	356.94	0.689	1.000	246.04
KP DC Standard Silver 4850/40/20%/Vision	601.25	1.013	1.000	0.987	0.903	0.814	1.000	441.62	0.855	377.53	0.689	1.000	260.23
KP DC Bronze 6000/50/HSA/Vision	601.25	1.013	1.000	0.987	0.830	0.761	1.000	379.77	0.855	324.66	0.689	1.000	223.79
KP DC Bronze 6500/55/Vision	601.25	1.013	1.000	0.987	0.859	0.780	1.000	402.75	0.855	344.30	0.689	1.000	237.33
KP DC Bronze 7000/0%/HSA/Vision	601.25	1.013	1.000	0.987	0.852	0.764	1.000	391.08	0.855	334.33	0.689	1.000	230.45
KP DC Standard Bronze 6350/20%/HSA/Vision	601.25	1.013	1.000	0.987	0.826	0.746	1.000	370.14	0.855	316.42	0.689	1.000	218.11
KP DC Standard Bronze 7500/45/40%/Vision	601.25	1.013	1.000	0.987	0.856	0.766	1.000	394.16	0.855	336.96	0.689	1.000	232.26
KP DC Platinum Added Choice 0/10/POS/Vision	601.25	1.013	1.000	1.086	1.036	0.966	1.000	661.52	0.855	565.52	0.689	1.000	389.81
KP DC Platinum Added Choice 500/10/POS/Vision	601.25	1.013	1.000	1.086	1.018	0.946	1.000	636.55	0.855	544.17	0.689	1.000	375.10
KP DC Gold Added Choice 1000/20/POS/Vision	601.25	1.013	1.000	1.086	0.961	0.885	1.000	562.03	0.855	480.47	0.689	1.000	331.19
KP DC Silver Added Choice 2500/40/POS/Vision	601.25	1.013	1.000	1.086	0.907	0.829	1.000	496.70	0.855	424.62	0.689	1.000	292.69
KP DC Bronze Added Choice 6500/55/POS/Vision	601.25	1.013	1.000	1.086	0.850	0.764	1.000	429.12	0.855	366.84	0.689	1.000	252.87
	\$601.25	1.013	1.000	1.000	1.000	0.926	1.000	\$565.32	0.855	\$483.28	0.689	1.000	\$333.13

\* Age Curve Calibration from 42 to 21 years old

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 13**  
**Quarterly Renewal Factors**

			Renewal Quarter				
Source/Formula		Component	Q1	Q2	Q3	Q4	Overall
(1)	Data	Member Distribution by Renewal Qtr	47%	14%	16%	23%	100%
(2)	Input	Months of Trend	0.0	3.0	6.0	9.0	
(3)	Exhibit 4	Annual Trend	2.2%	2.2%	2.2%	2.2%	
(4)	Exhibit 1	2023 Claims PMPM					\$563.81
(5)	= (4) * [(1 + (3)) ^ ((2) / 12)]	Quarterly Projected Claims PMPM	\$563.81	\$566.93	\$570.06	\$573.21	\$567.43
(6)	= (5) / Total (5)	Quarterly Rate Trend Factor	0.994	0.999	1.005	1.010	

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**Market: District of Columbia Small Group**

**Exhibit 14**

**Projected Medical Loss Ratio**

			<b>Combined Market PMPM</b>
<b>Component</b>			
(1)	Input	Premium	\$504.10
(2)	Input	Net Claims	\$468.44
(3)	Exhibit 10	Risk Adjustment Transfer	(\$85.83)
(4)	= (2) - (3)	Total Medical Expense	\$554.27
(5)	Exhibit 11	Administrative Expenses	\$58.73
(6)	Exhibit 11	Deductible Fraud	\$0.73
(7)	= (5)	Total	\$58.73
(8)	Exhibit 11	Exchange Fee	\$4.16
(9)	Exhibit 11	PCORI	\$0.25
(10)	Exhibit 11	DC Premium Tax	\$7.93
(11)	Exhibit 11	Federal Income Tax	\$0.00
(12)	Exhibit 11	Health Ins Provider Fee	\$0.00
(13)	Exhibit 11	Risk Adj Fee	\$0.22
(14)	= sum (8) thru (13)	Total Taxes and Fees	\$12.56
(15)	= (1) - (4) - (7) - (14)	Contribution to Reserve	(\$121.47)
(16)	= [(4)] / (1)	Loss Ratio	110.0%
(17)	= [(4) + (5)] / [(1) - (15)]	ACA Medical Loss Ratio	112.8%



**KAISER PERMANENTE®**

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
2101 East Jefferson Street Rockville, Maryland 20852

April 29, 2022

Mr. Efren Tanhehco  
Supervisory Actuary  
Department of Insurance and Securities  
Insurance Product Division  
810 First Street, N.E.  
Washington, DC 20002

Re: NAIC #: 95639  
HIOS Issuer ID 94506  
Small Group On-Exchange Rate Filing  
Filing #1

Dear Mr. Tanhehco,

Attached is the small group on-exchange rate filing for Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser) for a premium rate change effective January 1, 2023. Kaiser is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified.

The overall rate change is 11.0%

Sincerely,

A handwritten signature in cursive script that reads "Robert Stoddart".

Robert Stoddart, FSA, MAAA  
Sr. Valuation Manager  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
April 29, 2022

## Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company      Kaiser Foundation Health Plan of the Mid-Atlantic

SERFF tracking number      KPMA-133222198

Submission Date      April 29, 2022

Product Name      Small Group

Market Type      ☐ Individual      ☒ Small Group

Rate Filing Type      ☒ Rate Increase      ☐ New Filing

### Scope and Range of the Increase:

The 11.0% increase is requested because:

Primary factors affecting the rate change are:

- Claims experience of the single risk pool different than projected in the previous year.
- Increases in medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value ("AV") requirements which results in varying rate changes by plan.

This filing will impact:

# of policyholder's 3074

# of covered lives 4581

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 11.0 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 8.2 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 13.4 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Individual increases vary from the average rate change primarily due to plan specific rate changes and recognition that a member is a year older.

### Financial Experience of Product

The overall financial experience of the product includes:

For the 2021 experience period, Kaiser lost \$5.5 million dollars on \$23 million dollars of premium on the Small Group pool. This is equivalent to a margin of -23.7%. The estimated net medical expense and risk adjustment incurred is \$24.7 million dollars. Other estimated expenses for administration, taxes and fees are \$3.8 million.

The rate increase will affect the projected financial experience of the product by:

The proposed rate change combined with anticipated changes in medical expense, administration, taxes and fees is expected to result in a margin of -19.6% for the projection period.

### **Components of Increase**

The request is made up of the following components:

*Trend Increases* – 2.2 % of the 11.0 % total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is n/a % of the 11.0 % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is n/a % of the 11.0 % total filed increase.

*Other Increases* – 8.8 % of the 11.0 % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is 0.0 % of the 11.0 % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is -0.1 % of the 11.0 % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is 3.64 % of the 11.0 % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is 5.27 % of the 11.0 % total filed increase.

5. Other – Defined as:

This component is 0.0 % of the 11.0 % total filed increase.

**RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP  
PLANS SOLD ON DC HEALTH LINK  
CHECK-LIST**

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Actuarial Memorandum
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	AM (Page 1)
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	AM (Page 3)
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	SERFF Rate Filing Submission Date
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	AM (Page 1)
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	AM (Page 1)
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	KPIF AM (Exhibit 12) SG AM (Exhibit 12)



Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	KPIF URRT SG URRT
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. <b>In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.</b>	Yes	Rate/Rule Schedule (Overall % Rate Impact)
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Rate/Rule Schedule
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Rate/Rule Schedule
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Supporting Documentation (Absolute Maximum Premium Increase Exh)
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Rate/Rule Schedule (Rate Review Detail)
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for Maryland and the nationwide average rate history.	Yes	Unified Rate Review Template
14	Exposure	Current number of policies, certificates and covered lives.	Yes	DISB AM Dataset

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	DISB Actuarial Memorandum Dataset
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	DISB Actuarial Memorandum Dataset
17	Index Rate	Provide the index rate.	Yes	AM (Exhibit 1)
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	AM (Exhibits 1-13)
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	N/A	N/A
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Unified Rate Review Template and AM Exhibit 4
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	Yes	Unified Rate Review Template, worksheet 2; and AM Exhibit 12
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Unified Rate Review Template, worksheet 2; and AM Exhibit 12

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders.  For initial filings, provide the derivation of any new plan factors.	Yes	AM (Exhibit 12)
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	AM (Exhibit 1 and 6)
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	N/A	N/A
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	Unified Rate Review Template, worksheet 2
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Actuarial Memorandum (Section 4)
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Actuarial Memorandum (Exhibit 14)

Number	Data Element	Requirement Description	Individual/and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	AM (Exhibit 11)
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in Maryland, the loss ratio meets the minimum.	Yes	Actuarial Memorandum (Exhibit 14)
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	AM (Exhibit 10)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
29.1	Reinsurance	Provide information on the Reinsurance contribution assumption, consistent with the national contribution rate for the projection period. In individual filings, provide information on the Reinsurance recovery assumption, consistent with the company's continuation table used in pricing. Provide previous year-end estimated reinsurance payable amount and quantitative support for the amount.	N/A	N/A
29.2	Risk Corridor	Does the company assume Risk Corridor charges or payments? If so, provide support. Provide previous year-end estimated risk corridor payable or receivable amount and quantitative support for the amount.	N/A	N/A
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	AM (Section 4)
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	AM (Exhibit 11)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
32	Past and Prospective Expenses	<p>Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> <li>• Salaries, wages, employment taxes, and other employee benefits</li> <li>• Commissions</li> <li>• Taxes, licenses, and other regulatory fees</li> <li>• Cost containment programs / quality improvement activities</li> <li>• All other administrative expenses</li> <li>• Total</li> </ul>	Yes	AM (Exhibits 2 and 11)
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	AM (Exhibits 1-15)
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	N/A	N/A
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Memorandum

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	N/A	N/A
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	Yes	Supporting Documentation
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	Supporting Documentation
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non-Grandfathered plan filings. <b>Provide in Excel format only.</b>	Yes	Supporting Documentation
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	Supporting Documentation

40	Additional Requirements for Stand-Alone Dental Plan Filings	<p>Provide the following for stand-alone dental plan filings:</p> <ul style="list-style-type: none"> <li>• Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule;</li> <li>• Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and</li> <li>• Demonstration that the plan has a reasonable annual limitation on cost-sharing.</li> </ul>	N/A	N/A
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**CERTIFYING SIGNATURE**

**The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.**

**Robert Stoddart**

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**(Print Name)**

*Robert Stoddart*

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**(Signature)**